# JUNE 93 / JULY 93

# RUC RECOMMENDATIONS

June 93/July 93
RUC Recommendations


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# American Medical Association

Physicians dedicated to the health of America

Grant V. Rodkey, MD
Chairman
AMA/Specialty Society RVS
Update Committee

515 North State Street
Chicago, Illinois 60610

312 464-4455
312 464-5849 Fax


June 7, 1993

Kathleen A. Buto
Director
Bureau of Policy Development
Health Care Financing Administration
Room 100 - East High Rise Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Ms. Buto:

I am pleased to submit the enclosed recommendations of the American Medical Association/Specialty Society RVS Update Committee (RUC) to you. These recommendations are for physician work relative values for new and revised codes to be included in CPT 1994. They include only those issues that were completed by the RUC by the end of its most recent meeting of April 30-May 2. We are hopeful that provision of the recommendations on a rolling basis will not only be useful to you in your planning, but will maximize the opportunity for interaction with the RUC regarding any questions you might have about how these initial recommendations were developed.

There are an additional 47 coding issues that will be considered by the RUC at its final meeting for this cycle, to be held June 25-27 in Chicago. In addition, a number of coding changes have been made for CPT 1994 which the RUC considers to be editorial in nature and for which it recommends the current published relative value be maintained. The RUC recommendations from the June meeting and a list of the changes considered editorial only will be provided to you by July 9. If it is convenient for you, we would very much like to meet with you and your staff in Baltimore in early August after you have had an opportunity to review the recommendations. Mr. Richard Deem from the AMA's Washington Office will be in touch with you about this meeting.

The RUC recommendations are included in the attached table, grouped by issue. Each issue begins with a brief summary of the RUC's evaluation of the recommendations presented by the specialty advisors. This summary indicates the cross-specialty comparisons made by the RUC, key questions that may have been raised by RUC members, and other major issues of relevance to the recommendation. For each code within the issue, the table provides the:

- RUC tracking number,
- CPT code number,
- CPT descriptor,
- nature of the coding change,
- global period estimate used in developing the relative value recommendation, and
- recommended relative work value.

Also enclosed is a notebook containing additional documentation supporting the RUC's recommendation. This documentation is provided in a standard format for each code and includes:

- a clinical description of the service, including the typical patient and service for the code;
- the key within-specialty references services to which the work of the new or revised service has been compared;
- a discussion of the relationship between the work of the new or revised code or any other rationale for the recommendation; and
- data from the specialty surveys, including median pre-, intra-, and post-service time, average length-of-stay, and number and level of post-hospital visits.

The notebook also contains copies of the survey instrument used for all of the RUC recommendations developed during this cycle, the RUC's Standard Methodological Requirements, and Legal Guidelines adopted by the RUC for all participants in the update process. You will note that the RUC has made a number of refinements in its procedures for this year based on its experience developing its first set of recommendations:

- Specialty recommendations to the RUC must be based on a survey of at least 30 practicing physicians. Specialty recommendations to the RUC are not always derived from the survey medians, but these surveys are required and provide a good basis for the RUC to assess the general reasonableness of the recommendation.

- The same questionnaire and methodology has been used by all participants in the RUC process this year. This standardization provides a level playing field for all specialties regardless of size or resources.

- Special efforts have been made to allow all interested parties an opportunity to express their views. In addition to the national medical specialty societies represented in the AMA House of Delegates, other organizations with an interest in a particular set of codes are active participants in developing the recommendations, including physician organizations addressing skull base surgery, sleep medicine, endocrinology, and hyperbaric oxygen therapy. The RUC has also formed a Health Care Professionals Advisory Committee of non-MD/DO organizations.

We deeply appreciate your consideration of these recommendations. I have heard many positive comments about your work and look forward to meeting with you personally in August. Until then, please do not hesitate to contact Ms. Sandra Sherman at the AMA if you have any questions about any of the enclosed materials.

Very truly yours,

Grant V. Rodkey, MD

Grant V. Rodkey, MD

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|

Skull base surgery

The new skull base surgery codes encompass "marathon operations" used to remove tumors from the base of the skull. These services are summarized as approach, definitive, and reconstructive procedures, and are provided by multidisciplinary teams of physicians including otolaryngologists, neurosurgeons, and plastic surgeons. This new section in CPT attempts to organize the skull base surgery services and eliminate the building block approach to billing that created enormous bills and bewildered insurance companies. The codes would also tend to separate what the otolaryngologist would do from what the neurosurgeon would generally do. The recommendations were developed through a complex process in which multiple societies completed a survey process and met over several days to discuss the survey data and finalize the consensus recommendations presented to the RUC. The services are considered to be new procedures rather than new technology, and the procedures require additional surgical skills, training, and expertise.

The RUC's discussion focused on how work in the pre-, intra-, and post-operative periods is divided between the surgeons and between the codes. It was also noted that the procedures are rare enough that they do not lend themselves to vignettes describing "typical" services and patients. In addition, different specialties see different patients and the types of tumors may be less aggressive. For example, most tumors that plastic surgeons see are cutaneous, while neurosurgeon see patients with much more difficult approaches. There was also considerable discussion of the methodologies used to develop the

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# American Medical Association

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Sandra L. Sherman
Department Director
Department of
Payment Systems

515 North State Street
Chicago, Illinois 60610

312 464-4455
312 464-5849 Fax


Memo to: AMA/Specialty Society RVS Update Committee
and Advisory Committee

From: Sandra L. Sherman

Date: July 15, 1993

Subject: Copies of RUC Recommendations, AMNews Article

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Attached for your information are copies of all of the RUC recommendations provided to the Health Care Financing Administration in June and July. As Doctor Rodkey's cover letters to Ms. Buto indicate, we provided HCFA with two notebooks full of documentation for these recommendations in addition to the tables that were submitted. HCFA's carrier medical directors are reviewing the RUC recommendations and will meet in August to discuss them.

Information on new CPT codes and descriptors and RUC-recommended relative values should be kept confidential and may only be disseminated for internal use within your specialty. Any other distribution and any publication of this information is strictly prohibited.

Also attached is a copy of a front-page article forthcoming in the July 26 issue of American Medical News discussing submission of the recommendations and featuring quotations from Doctors Rodkey, Ogrod, and Hanley.

Encl.

cc: Grant V. Rodkey, MD
Specialty Society Staff Contacts

# Advisory group urges HCFA to plug gaps in RBRVS

By Julie Johnsson
AMNEWS STAFF

Primary care physicians may soon gain financial relief for two common services currently omitted from the RBRVS: overseeing patients' care plans and providing prolonged office or hospital care.

Because codes don't exist for these services, physicians often aren't reimbursed for managing patients in home-health-care settings, or for the increased time they spend providing acute care in outpatient settings.

And to add insult to injury, these "gratis" services generate tremendous savings for Medicare and other payers.

But an advisory panel of physicians recently gave the Health Care Financing Administration the means to address this oversight, and to broaden the resource-based relative value scale beyond Medicare's services.

New codes for prolonged physician services and care-plan oversight are among the 561 RBRVS recommendations presented to HCFA on July 9 by the AMA/Specialty Society RVS Update Committee, commonly known as the RUC.

The 26-member RUC is a forum of national medical societies that advises HCFA annually on the physician work component of Medicare's RBRVS. Last year, the panel submitted 253 proposed values, 75% of which were eventually adopted at or above the level proposed by the RUC.

Refining and expanding the RBRVS is vital to ensure equitable Medicare reimbursement now and in the future, as other insurers adopt a single, national RBRVS, doctors say.

Expanding services recognized under RBRVS is also important because other payers look to Medicare for leadership on payment policy — whether they use the relative value scale or not.

As a result, RUC recommendations — like the new prolonged physician services and care-plan oversight codes — affect payment far beyond Medicare.

Because Medicare doesn't fully recognize doctors' evaluation and management activities, other insurers have been loath to reimburse doctors for the new, time-consuming functions created by technology innovations and managed care.

This means doctors often can't bill for treating asthma attacks, mild heart conditions and other acute ailments that used to require inpatient stays, but now can be stabilized in outpatient settings.

"It's frustrating to provide hours of uncompensated care," says Eugene Ogrod II, MD, a general internist in Sacramento, Calif. "We're saving the insurance carriers a substantial amount of dollars, but we're not getting any recognition for the work we're putting in."

Physicians also play a crucial role in the growing home-health movement: monitoring patients, reviewing lab results and consulting with family members. Unfortunately, "there's no mechanism to appropriately bill for those services," says Dr. Ogrod.

If adopted, this year's RUC changes would go a long way toward solving these problems. But other recommen-

*See RBRVS, page 33*

## From proposal to regulation

**June-July**
561 relative value recommendations sent to HCFA by AMA-Specialty Society RVS Update Committee.

**August**
HCFA convenes carrier medical directors to review recommendations.

**Fall**
HCFA publishes interim relative values in 1994 RBRVS regulations; 90-day comment period begins.

Source: AMA Specialty Society RVS Update Committee, 1993

## RBRVS

*Continued from page 1*

dations also attempt to broaden the RBRVS to cover services and patient populations beyond Medicare. The current scale doesn't include preventive services, some new nuclear medicine and other high-tech procedures, contraceptive services or many pediatrics services.

RUC members would like to see HCFA publish a complete RBRVS for all services. That's why the committee proposed adding relative values for about 100 codes for pediatric surgery and pediatric cardiac surgery to the RBRVS for 1994. These codes were changed for the 1994 RBRVS, or published with a work value of 0 in 1993.

Physician work accounts for an average of 54% of the relative value for a service under the Medicare payment system. So omitting this value renders a code useless for other payers basing payments on a relative value scale. These include: Medicaid programs, state health reform initiatives, workers' compensation, CHAMPUS and private payers insurers.

"RBRVS is pretty complete for Medicare's services," says Grant V. Rodkey, MD, chairman of the RUC. "But state Medicaid programs have an imperative need for values for pediatrics. When they adopt Medicare's RBRVS and so many of the pediatric procedures have a work value of 0, that's a real problem."

Insurers have filled this vacuum with their own methodologies. "We've already seen a number of states develop their own Medicaid RBRVS, which isn't standardized in any way," says Kay Hanley, MD, a RUC member who's also a pediatrician based in Clearwater, Fla. "I'm concerned because other third-party payers just pick this up from Medicaid."

### Single system

This proliferation further emphasizes the need for a single, complete RBRVS, adds Dr. Ogrod, also a RUC member. "There's little doubt that RBRVS is being expanded to private payers — often in a perverted or distorted manner. Insurance carriers are purporting to adopt RBRVS, but they're not doing it correctly."

This concern was one factor behind the AMA's decision to encourage private payers to adopt a single, rigorously updated RBRVS at last month's Annual Meeting. The Association previously had opposed extending the payment system beyond Medicare.

"We're not interested in seeing the proliferation of relative value scales out there," says Dr. Rodkey. "We'd rather see HCFA use the RUC to complete the RBRVS."

Under the plan envisioned by AMA board members, government and private payers would use the national RBRVS to establish fee schedules. But unlike the current Medicare system, physicians would be free to base their fees on a conversion factor determined by their own assessment of their overhead and the value of their services in the marketplace.

This plan would allow doctors to continue practicing some form of fee-for-service medicine in an increasingly competitive environment, board members say. And it also ensures doctors — through the RUC — the means to continually refine the national RBRVS.

"It's a unique opportunity for the medical profession to have an important influence on the physician-payment environment," says Dr. Rodkey.

The AMA's new RBRVS policy drew surprising support from new HCFA head Bruce Vladeck in a recent interview with *AMN* reporters.

"A single relative value scale with separate conversion factors in each plan or each alliance has a lot of appeal to it," Vladeck said. "How that fits into a broader cost-containment strategy, I'm still not entirely clear on. But the basic core — that there should be a single, national scale with variable conversion factors — makes a great deal of sense to me."

But until the RBRVS is complete, doctors can't reap the benefits of such a system. "I have one word of warning to physicians," Dr. Ogrod says: "Make sure that your carrier is implementing the process correctly. If they're not, be angry at the carrier, not at a system of payment that, if done right, can help you a great deal."

American Medical Association
Physicians dedicated to the health of America

Grant V. Rodkey, MD
Chairman
AMA/Specialty Society RVS
Update Committee

515 North State Street
Chicago, Illinois 60610

312 464-4455
312 464-5849 Fax

July 8, 1993

Kathleen A. Buto
Director
Bureau of Policy Development
Health Care Financing Administration
Room 100 - East High Rise Building
6325 Security Boulevard
Baltimore, MD 21207

Dear Ms. Buto:

On June 25-27, the American Medical Association/Specialty Society RVS Update Committee (RUC) met to develop its remaining recommendations for physician work relative values for new and revised codes to be included in CPT 1994. I am pleased to submit these recommendations to you at this time. The enclosed recommendations bring the total number of RUC recommendations for updating the 1994 Medicare RBRVS to 561 recommendations spanning 93 different topics. We deeply appreciate your consideration of this large number of recommendations.

The recommendations are divided into two tables. Table 1 provides the remainder of the recommendations for this cycle for coding issues that were substantially revised or are new for CPT-1994 and for which the full RUC survey process was used. This table is in the same format as the table provided to you in June with the recommendations that had been completed as of that date. In addition, we have provided a notebook like the one provided in June containing additional documentation for each of the recommendations included in the table. The recommendations provided in June are not repeated in the current submission. Table 2 lists the coding issues for CPT 1994 which the RUC considers to be editorial in nature and for which it recommends the current published relative value be maintained. A third table lists the issues that were revised or added to CPT but for which the RUC has not yet been able to finalize its recommendations. We are hopeful that recommendations can be developed for these codes in the Fall and provided to you during the comment period for the 1994 RVS.

In my letter accompanying the June submission, I outlined a number of refinements that were made in the RUC's procedures for this year based on our first year's experience. Likewise, we have identified a few issues during this cycle that have been referred to the RUC's Research Subcommittee for review:

- Developing relative values for codes with a "ZZZ" global period is difficult because survey respondents may fail to differentiate between the work of the primary service and that of the "add-on" service in making their ratings. Also, because the RUC's methodology is based on assessing total work, it is difficult to evaluate the validity of

comparisons between services with global periods of "000" or "010" and services with global periods of "090." We have spent considerable time discussing these issues during this cycle, and you will note that for several codes we have recommended global periods different from those estimated by your staff. In the future, we would like to develop a more systematic approach to these issues.

- As I mentioned in the June letter, the RUC has developed a Health Care Professionals Advisory Committee (HCPAC), and Table 1 includes several recommendations developed with participation from HCPAC members. Issues arose in the RUC's review of new physical medicine codes, however, which could not be resolved at the June meeting, and the question of exactly what procedures are to be used in developing recommendations for services provided either occasionally or frequently by non-MD/DO providers has been referred to the Research Subcommittee.

- The RUC is currently using an experimental approach to assess the value of obtaining cross-specialty input at an earlier step in its process by having physicians from outside the specialty participate in the specialty RVS committees. We have also spent considerable time this year in an effort to develop a cross-specialty reference set. This process is not yet complete, however, and will be continuing in the next cycle.

The RUC has also spent considerable time this year discussing the completeness and the validity of the RBRVS and has taken several steps to address our concerns in this regard. First, with the CHAMPUS program, state Medicaid programs, Workers Compensation programs and others adopting Medicare's RBRVS, we believe it is critical that the RBRVS be complete, that it be appropriate for all patient populations, and that it not be restricted in usefulness because of Medicare's coverage policies. We are, therefore, very concerned about the relative values for services that are either not covered, restricted in coverage, or carrier-priced by the Medicare program. Last year, we provided recommended relative values for contraceptive implants that were published with a value of zero because they were noncovered. Many of the codes for childrens' health services also have a published value of zero.

We have had several meetings with representatives of the American Academy of Pediatrics (AAP) and pediatric subspecialty organizations to discuss completion of the RBRVS for pediatrics. Several of the pediatric subspecialties have already been working on this issue, and you will note that we are providing recommendations for a number of new and revised pediatric surgery and pediatric cardiac surgery codes, as well as some existing pediatric cardiac surgery codes that are currently carrier-priced. The AAP has also decided that it would like to work through the RUC process to develop values for pediatric services. Initially, the AAP will be working with the family physicians, internists, and other interested specialties to develop values for the preventive medicine codes that currently do not have a published value. A CPT/RUC Subcommittee on Pediatrics has been formed to assist the pediatric groups on these issues, as well as in developing coding proposals for CPT.

The RUC is also concerned about maintaining the validity of the RBRVS over time. We are, therefore, working to develop a methodology for assessing changes in the work of new services as these technologies become more common or routine. We believe such a process will help to avoid what many view as a major weakness in other fee-for-service systems, in that the relative position of a medical procedure either in an RVS or in a scale of fees does not change over time even though it may become less difficult and less expensive to provide.

Finally, I want to reiterate one of the points made in the RUC's comments on the November 25, 1992 Notice in the Federal Register. At that time, we asked that the 2.8% reduction in the relative values be restored and that a separate budget neutrality factor be used instead. The RUC and the AMA continue to be extremely concerned that the Health Care Financing Administration might make a similar reduction in the RVS in future years. I want to stress the RUC's view again, therefore, that, if there is to be an across-the-board reduction in Medicare payments to preserve budget neutrality for 1994, it should not be applied to either the work relative values or any other component of the RBRVS.

We hope you will find the enclosed recommendations helpful in updating the work component of Medicare's RBRVS for 1994. We look forward to discussing them with you after you have had an opportunity to review them. Please contact Ms. Sandra Sherman at the AMA if you have any questions about any of the enclosed materials.

Very truly yours,

Grant V. Rodkey, MD

Grant V. Rodkey, MD

Encl.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS

TABLE 2

CODING ISSUES CONSIDERED EDITORIAL IN NATURE:
THE RUC RECOMMENDS THE CURRENT PUBLISHED RELATIVE VALUES FOR THESE SERVICES BE MAINTAINED

| CPT Code Number | CPT Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|
| Orthopaedic Trauma | | | | |
| 27509 | Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar ~~femoral fracture~~ with or without intercondylar extension, or distal femoral epiphyseal separation | revised | 090 | 6.94 |
| Retinal Detachment | | | | |
| 67110 | Repair of retinal detachment, one or more sessions; by injection of air or other gas (eg, ~~pneumoretinopexy~~ pneumatic retinopexy) | revised | 090 | 8.34 |
| Nuclear Medicine | | | | |
| 78276 | ~~Gastrointestinal aspirate blood loss localization~~ | deleted | XXX | N/A |
| 78280 | ~~Gastrointestinal blood loss study (eg, stool counting)~~ | deleted | XXX | N/A |
| 78310 | ~~Bone and or joint imaging; vascular flow only~~<br>(78310 has been deleted. To report, see 78445) | deleted | XXX | N/A |
| 78581 | ~~Pulmonary perfusion imaging; gaseous~~ | deleted | XXX | N/A |
| 78582 | ~~Pulmonary perfusion imaging; gaseous, with ventilation, rebreathing and washout~~ | deleted | XXX | N/A |
| Cytopathology | | | | |
| 88160 | Cytopathology, smears, any other source, screening and interpretation | revised | XXX | 0.52 |
| Intestinal Excisions | | | | |
| 44131 | ~~intestinal bypass for morbid obesity~~ | deleted | 090 | N/A |

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| | | | | |
|---|---|---|---|---|
| Splenectomy | | | | |
| 38100 | Splenectomy ~~(separate procedure)~~; total (separate procedure) | revised | 090 | 12.28 |
| 38101 | partial (separate procedure) | revised | 090 | 12.90 |
| Hernia Repair (Other than Pediatric) | | | | |
| 54840 | Excision of spermatocele, with or without epididymectomy<br>~~(With hernia repair, see 49515)~~ | revised | 090 | 5.14 |
| 55041 | Excision of hydrocele, bilateral<br>(With hernia repair, see ~~49500, 49515~~ 49595-49501 | revised | 090 | 7.56 |
| Osteopathic Manipulative Treatment | | | | |
| ●98925 | Osteopathic manipulative treatment (OMT); one to two body regions involved | new | XXX | 0.46 (M0702 and M0722) |
| ●98926 | three to four body regions involved | new | XXX | 0.67 (M0704 and M0724) |
| ●98927 | five to six body regions involved | new | XXX | 0.89 (M0706 and M0726) |
| ●98928 | seven to eight body regions involved | new | XXX | 1.05 (M0708 and M0728) |
| ●98929 | nine to ten body regions involved | new | XXX | 1.22 (M0710 and M0730) |
| Anesthesia for procedures on eye | | | | |
| ●00103 | Anesthesia for procedures on eye, blepharoplasty | new | N/A | 5.00 (00100) |

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| | | | | |
|---|---|---|---|---|
| Cardiac Blood Pool Imaging | | | | |
| 78472 | Cardiac blood pool imaging, gated equilibrium; single study at rest or with stress, wall motion study plus ejection fraction, with or without additional quantitative processing | revised | XXX | 1.00 |
| 78481 | Cardiac blood pool imaging, first pass technique; single study, at rest or with stress, wall motion study plus ejection fraction, with or without quantitative processing | revised | XXX | 1.00 |
| 78483 | multiple studies, resting and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional ~~quantification~~ quantitative processing | revised | XXX | 1.51 |
| Distal Finger Articular Fracture | | | | |
| 26740 | Closed treatment of articular fracture, involving metacarpophalangeal or ~~proximal~~ interphalangeal joint; without manipulation, each | revised | 090 | 1.85 |
| 26742 | with manipulation, each | revised | 090 | 3.79 |
| 26746 | Open treatment of articular fracture, involving metacarpophalangeal or ~~proximal~~ interphalangeal joint, with or without internal or external fixation, each | revised | 090 | 5.68 |
| Prostatectomy | | | | |
| 55840 | Prostatectomy, retropubic radical, with or without nerve sparing; | revised | 090 | 21.73 |
| Mastectomy | | | | |
| 19140 | Mastectomy for gynecomastia ~~through circumareolar or other incision~~ | revised | 090 | 5.02 |
| Laminectomy | | | | |
| 63657 | ~~Laminectomy for implantation of neurostimulator electrodes; subdural~~ | deleted | 090 | N/A |
| 63658 | ~~subarachnoid~~<br><br>(63657 and 63658 have been deleted) | deleted | 090 | N/A |
| Urodynamics | | | | |
| 51739 | ~~Sound recording of external stream (eg., Lyons type, Keitzer type)~~<br><br>(51730 has been deleted) | deleted | 000 | N/A |

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| Cardiac Catheterization | | | | |
|---|---|---|---|---|
| 36230 | ~~Selective catheter placement, coronary artery, single or multiple~~<br><br>(36230 has been deleted. When performed in conjunction with cardiac catheterization, see the appropriate cardiac catheterization and injection procedure code(s) in the Medicine section of CPT. For any other, use 36215) | deleted | XXX | N/A |
| 75507 | ~~Angiocardiography by serialography, multi plane, radiological supervision and interpretation~~<br><br>(75507 has been deleted. To report, use 93555) | deleted | XXX | N/A |
| 75523 | ~~Cardiac radiography, selective cardiac catheterization, left side, radiological supervision and interpretation~~<br><br>(75523 has been deleted. To report, use 93555) | deleted | XXX | N/A |
| 75527 | ~~Cardiac radiography, selective cardiac catheterization, right and left side, radiological supervision and interpretation~~<br><br>(75527 have been deleted. To report, use 93555) | deleted | XXX | N/A |
| 75750 | ~~Angiography, coronary, root injection, radiological supervision and interpretation~~<br><br>(75750 has been deleted. To report, use 93556) | deleted | XXX | N/A |
| 75752 | ~~Angiography, coronary, unilateral selective injection, including left ventricular and supravalvular angiogram and pressure recording, radiological supervision and interpretation~~<br><br>(75752 has been deleted. To report, use 93556) | deleted | XXX | N/A |
| 75754 | ~~Angiography, coronary, bilateral selective injection, including left ventricular and supravalvular angiogram and pressure recording, radiological supervision and interpretation~~<br><br>(75754 has been deleted. To report, use 93556) | deleted | XXX | N/A |
| 75762 | ~~Angiography, coronary bypass, unilateral selective injection, radiological supervision and interpretation~~<br><br>(75762 has been deleted. To report, use 93556) | deleted | XXX | N/A |
| 75766 | ~~Angiography, coronary bypass, multiple selective injection, radiological supervision and interpretation~~<br><br>(75766 has been deleted. To report, use 93556) | deleted | XXX | N/A |

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| | | | | |
|---|---|---|---|---|
| 93541 | ~~Injection procedure during cardiac catheterization;~~ for pulmonary angiography<br><br>~~(For radiological supervision and interpretation, see 75741-75746)~~ | revised | 000 | 0.29 |
| 93542 | for selective right ventricular or right atrial angiography<br><br>~~(For radiological supervision and interpretation, see 75500-75507)~~ | revised | 000 | 0.29 |
| 93543 | for selective left ventricular or left atrial angiography<br><br>~~(For radiological supervision and interpretation, see 75600-75625)~~ | revised | 000 | 0.29 |
| 93544 | for aortography<br><br>~~(For radiological supervision and interpretation, see 75600-75625)~~ | revised | 000 | 0.29 |
| 93545 | for selective coronary angiography (injection of radiopaque material may be by hand)<br><br>~~(For radiological supervision and interpretation, see 75750-75754)~~ | revised | 000 | 0.29 |
| 93546 | ~~Combined left heart catheterization and left ventricular angiography~~<br><br>(93546 has been deleted. To report, use 93510, 93543, 93555) | deleted | 000 | N/A |
| 93547 | ~~Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, and selective left ventricular angiography (this code number is to be used when procedure 93510 is combined with procedures 93543 and 93545)~~<br><br>(93547 has been deleted. To report, use 93510, 93543, 93545, 93555, 93556) | deleted | 000 | N/A |
| 93548 | ~~Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, selective left ventricular angiography, with aortic root aortography~~<br><br>(93548 has been deleted. To report, use 93510, 93543, 93544, 93545, 93555 and 93556) | deleted | 000 | N/A |
| 93549 | ~~Combined right and left heart catheterization, selective coronary angiography, one or more coronary arteries, and selective left ventricular angiography; (this code number to be used when procedure 93547 is combined with right heart catheterization)~~<br><br>(93549 has been deleted. To report, use 93510, 93526 or 93527 or 93528, 93543, 93545, 93555, 93556) | deleted | 000 | N/A |

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| | | | | |
|---|---|---|---|---|
| 93550 | ~~with selective visualization of bypass graft~~<br><br>~~(This code is to be used when procedure 93549 is combined with procedure 93551)~~<br><br>(93550 has been deleted. To report, use 93526, 93539 or 93540, 93543, 93545, 93555 and 93556) | deleted | 000 | N/A |
| 93551 | ~~Selective opacification of aortocoronary bypass grafts, one or more coronary arteries (injection or radiopaque material may be made by hand)~~<br><br>(93551 has been deleted. To report, use 93539 or 93540) | deleted | 000 | N/A |
| 93552 | ~~Combined left heart catheterization, selective coronary angiography, one or more coronary arteries, selective left ventricular cineangiography and visualization of bypass grafts; (this code number is to be used when procedure 93551 is combined with procedure 93547)~~<br><br>(93552 has been deleted. To report, use 93510, 93539 or 93540, 93543, 93545, 93555, 93556) | deleted | 000 | N/A |
| 93553 | ~~with aortic root aortography (this code number is to be used when procedure 93548 is combined with procedure 93547)~~<br><br>~~(For radiological supervision and interpretation, see 75762-75766)~~<br><br>(93553 has been deleted. To report, use 93510, 93539 or 93540, 93543, 93544, 93545, 93555, and 93556) | deleted | 000 | N/A |
| Cardiovascular Stress Testing | | | | |
| 93350 | Echocardiography, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using maximal or submaximal treadmill, bicycle exercise and/or pharmacologically induced stress, including electrocardiographic monitoring, with interpretation and report. | revised | XXX | 1.56 |
| Pacemaker | | | | |
| 33200 | Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy | revised | 090 | 11.35 |
| 33206 | Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial | revised | 090 | 6.19 |
| 33208 | atrial and ventricular ~~AV sequential~~ | revised | 090 | 7.61 |
| 33245 | Implantation or replacement of ~~automatic~~ implantable cardioverter-defibrillator pads by thoracotomy, with or without sensing electrodes; | revised | 090 | 12.88 |
| 33246 | with insertion of ~~automatic~~ implantable cardioverter-defibrillator pulse generator | revised | 090 | 19.75 |

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| | | | | |
|---|---|---|---|---|
| Cardiac Fluoroscopy | | | | |
| 93280 | ~~Cardiac fluoroscopy~~<br><br>(93280 has been deleted. To report, ~~For chest fluoroscopy,~~ see 71023, 71034, 76000) | deleted | XXX | N/A |
| Anesthesia for Intracranial Procedure | | | | |
| •00215 | elevation of depressed skull fracture, extradural (simple or compound) | new | N/A | 9.00<br>(00214) |
| Allergy Patch Tests | | | | |
| 95040 | ~~Patch or application tests; up to 10 tests~~ | deleted | XXX | N/A |
| 95041 | ~~11-20 tests~~ | deleted | XXX | N/A |
| 95042 | ~~21-30 tests~~ | deleted | XXX | N/A |
| 95043 | ~~more than 30 tests~~<br><br>(95040-95043 have been deleted. To report, use 95044) | deleted | XXX | N/A |
| •95044 | Patch or application, per test (specify number of tests) | new | XXX | 0.00 |
| 95050 | ~~Photo patch tests; up to 10 tests~~ | deleted | XXX | N/A |
| 95051 | ~~more than 10 tests~~<br><br>(95050, 95051 have been deleted. To report, use 95052) | deleted | XXX | N/A |
| •95052 | Photo patch test, per test (specify number of tests) | new | XXX | 0 .00 |
| Blood Platelet Aggregation | | | | |
| 85576 | Platelet; aggregation (in vitro), each agent | revised | XXX | 0.37 |
| Diverticulopexy of Hypopharynx | | | | |
| 43136 | ~~Diverticulopexy of hypopharynx, with or without myotomy~~<br><br>(43136 has been deleted. To report, use 43499) | deleted | 000 | N/A |

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| | | | | |
|---|---|---|---|---|
| Intravenous Therapy for Allergic Disease | | | | |
| 90798 | ~~Intravenous therapy for severe or intractable disease in physician's office or institution (eg, theophyllines, corticosteroids, antihistimines~~)<br><br>(90798 has been deleted. To report see 90780,90781, 90784) | deleted | XXX | N/A |
| Medical Conference Services | | | | |
| 95105 | ~~Medical conference services (eg, use of mechanical and electric devices, climatotherapy, breathing exercises and/or postural drainage)~~<br><br>(95105 has been deleted. To report, see appropriate E/M codes) | deleted | XXX | N/A |
| Anesthesia for Laparoscopic Procedures | | | | |
| 00790 | Anesthesia for intraperitoneal procedures in the upper abdomen including ~~bowel shunts~~ laparoscopy; not otherwise specified | revised | N/A | 7.00 |
| 00806 | ~~Anesthesia for laparoscopic procedures~~<br><br>(00806 has been deleted. To report, see 00790, 00840) | deleted | N/A | N/A |
| 00840 | Anesthesia for intraperitoneal procedures in the lower abdomen including laparoscopy; not otherwise specified | revised | N/A | 6.00 |
| Anesthesia for Radiation Therapy | | | | |
| 01922 | Anesthesia for non-invasive imaging or radiation therapy ~~computerized axial tomography scanning or magnetic resonance imaging~~ | revised | N/A | 7.00 |
| Cryotherapy | | | | |
| 17340 | Cryotherapy (Co2 slush, liquid N2) for acne | revised | 010 | 0.75 |
| Closed Vertebral Fracture Treatment | | | | |
| 22315 | Closed treatment of vertebral fracture and/or dislocation requiring casting or bracing, with or without anesthesia, by manipulation or traction, each<br><br>(For spinal subluxation, 97260, 97261) | revised | 090 | 8.56 |
| Triceps Tendon Repair | | | | |
| 24342 | Reinsertion or repair of ruptured or lacerated biceps or triceps tendon, distal, with or without tendon graft | revised | 090 | 10.37 |

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| | | | | |
|---|---|---|---|---|
| Wrist Arthroscopy | | | | |
| 29846 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement | revised | 090 | 6.76 |
| Anterior Stromal Puncture | | | | |
| 65600 | Multiple punctures of anterior cornea ~~Tattoo cornea, mechanical or chemical~~ (eg., for corneal erosion, tattoo) | revised | 090 | 3.22 |
| Radiologic Colon Examination | | | | |
| 74270 | Radiologic examination, colon; barium enema, with or without KUB | revised | XXX | 0.71 |
| Tube Changes - Radiological Supervision and Inter. | | | | |
| 75984 | Change of percutaneous tube or drainage catheter with contrast monitoring (~~ie~~ eg, gastrointestinal system, genitourinary system, abscess radiological supervision and interpretation ~~biliary tract, urinary tract~~)<br><br>(75985 (complete procedure) has been deleted, see 43760, ~~47490,~~ 47525, 47530, 50898, 50688, 75984) | revised | XXX | 0.74 |
| Radiologic Examination of Surgical Specimen | | | | |
| 76098 | Radiological examination, ~~breast~~ surgical specimen | revised | XXX | 0.16 |
| Infusion Therapy | | | | |
| 90780 | IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour | revised | XXX | 0.00 |
| Ophthalmoscopy | | | | |
| 92225 | Ophthalmoscopy, extended, with ~~as for~~ retinal drawing (eg, for retinal detachment, melanoma); ~~detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy)~~, with medical diagnostic evaluation; initial | revised | XXX | 0.60 |
| 92230 | ~~Ophthalmoscopy, with medical diagnostic evaluation; with~~ Fluorescein angioscopy with medical diagnostic evaluation ~~(observation only)~~ | revised | XXX | 0.62 |
| 92235 | ~~with~~ Fluorescein angiography (includes multiframe imaging ~~photography~~) with medical diagnostic evaluation | revised | XXX | 0.83 |

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| | | | | |
|---|---|---|---|---|
| 92250 | ~~with~~ Fundus photography with medical diagnostic evaluation | revised | XXX | 0.45 |
| 92260 | ~~with~~ Ophthalmodynamometry<br><br>(For ophthalmoscopy under general anesthesia, use 92018) | revised | XXX | 0.52 |
| Needle Electromyography | | | | |
| 51785 | Needle electromyography studies (EMG) of anal and urethral sphincter, any technique | revised | 000 | 1.57 |
| 92265 | Needle oculoelectromyography~~,~~, one or more extraocular muscles, one or both eyes, with medical diagnostic evaluation | revised | XXX | 0.83 |
| 95860 | Needle electromyography~~,~~, one extremity and related paraspinal areas | revised | XXX | 0.98 |
| 95861 | Needle electromyography~~,~~, two extremities and related paraspinal areas | revised | XXX | 1.58 |
| 95863 | Needle electromyography~~,~~, three extremities and related paraspinal areas | revised | XXX | 1.91 |
| 95864 | Needle electromyography~~,~~, four extremities and related paraspinal areas | revised | XXX | 2.04 |
| 95867 | Needle electromyography~~,~~, cranial nerve supplies muscles; unilateral | revised | XXX | 0.64 |
| 95868 | Needle electromyography, cranial nerve supplies muscles, bilateral | revised | XXX | 1.54 |
| 95869 | Needle electromyography, limited study of specified muscles (eg, thoracic spinal muscles) | revised | XXX | 0.37 |
| 95872 | Needle electromyography, single fiber, any technique | revised | XXX | 1.54 |
| 95875 | Ischemic limb exercise with needle electromyography ~~EMG~~, with lactic acid determination | revised | XXX | 1.37 |

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Critical Care Services

Critical care includes the care of critically ill or injured patients in a variety of medical emergencies that requires the constant attendance of the physician (eg, cardiac arrest, shock, bleeding, respiratory failure, postoperative complications). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility.

Services for a patient who is not critically ill but happens to be in a critical care unit are reported using subsequent hospital care codes (see 99231-99233) or hospital consultation codes (see 99251-99263) as appropriate.

The following services are included in reporting critical care when performed during the critical period by the physician providing critical care: the interpretation of cardiac output measurements (93651, 93652), chest x-rays (71010, 71020), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data (99090); gastric intubation (91105); temporary transcutaneous pacing (92953); ventilator management (94656, 94657, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36600). Any services performed which are not listed above should be reported separately.

The critical care codes are used to report the total duration of time spent by a physician on a given date providing constant attention to a critically ill or injured patient, even if the time spent by the physician providing critical care services on that date is not continuous. Code 99291 is used to report the first hour of critical care on a given ~~day~~ date. It should be used only once per ~~day~~ date even if the time spent by the physician is not continuous on that ~~day~~ date. Critical care of less than 30 minutes total duration on a given date should be reported with the appropriate E/M code.

Code 99292 is used to report each additional 30 minutes beyond the first hour. It also may be used to report the final 15-30 minutes of critical care on a given date. Critical care of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.

The following examples illustrate the correct reporting of critical care services:

| Total Duration of Critical Care Services | | Code(s) |
|---|---|---|
| a. | less than 30 minutes (less than 1/2 hour) | 99232 or 99233 |
| b. | 30-74 minutes (1/2 hr. - 1 hr. 14 min.) | 99291 X 1 |
| c. | 75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.) | 99291 X 1 and 99292 X 1 |
| d. | 105-134 minutes (1 hr. 45 min. - 2 hr. 14 min.) | 99291 X 1 and 99292 X 2 |
| e. | 135-164 minutes (2 hr. 15 min. - 2 hr. 44 min.) | 99291 X 1 and 99292 X 3 |
| f. | 165-194 minutes (2 hr. 45 min. - 3 hr. 14 min) | 99291 X 1 and 99292 X 4 |

| | | | | |
|---|---|---|---|---|
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient, requiring constant attendance of the physician; first hour | revised | XXX | 3.76 |

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| | | | | |
|---|---|---|---|---|
| 99292 | each additional 30 minutes | revised | XXX | 1.90 |
| Laboratory | | | | |
| 89205 | ~~Occult blood, any source except feces~~<br><br>(89205 has been deleted. To report, use 82273) | deleted | XXX | N/A |

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| | | | | |
|---|---|---|---|---|
| AS28 | 93734 | Electronic analysis of single chamber ~~internal~~ pacemaker system ~~(may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker);~~ (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming | revised | XXX |
| AS29 | 93735 | with reprogramming | revised | XXX |
| AS30 | 93736 | Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis | revised | XXX |
| AS32 | 93738 | with reprogramming | revised | XXX |
| Chemical Peels | | | | |
| AX1 | ●15788 | Chemical peel, facial; epidermal | new | 090 |
| AX2 | ●15789 | dermal | new | 090 |
| | 15790 | ~~Chemical peel (chemexfoliation); total face~~ | deleted | 090 |
| | 15791 | ~~regional, face, hand, or elsewhere~~<br>(15790, 15791 have been deleted. To report, see 15788-15793) | deleted | 090 |
| AX3 | ●15792 | Chemical peel, nonfacial; epidermal | new | 090 |
| AX4 | ●15793 | dermal | new | 090 |
| Hyperbaric Oxygen Treatment | | | | |
| | 99180 | ~~Hyperbaric oxygen therapy; initial~~ | deleted | XXX |
| | 99182 | ~~subsequent~~<br>(99180 and 99182 have been deleted. To report, use 99183) | deleted | XXX |
| BC1 | 99183 | Physician attendance and supervision of hyperbaric oxygen therapy, per session<br>E/M services and/or procedures (eg. wound debridement) provided in a hyperbaric oxygen treatment facility in conjunction with a hyperbaric oxygen therapy session should be reported separately). | new | XXX |

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| | | | | |
|---|---|---|---|---|
| AS12a | •33234 | and transvenous electrode(s), single lead system, atrial or ventricular | new | 090 |
| AS13 | •33235 | and transvenous electrode(s), dual lead system | new | 090 |
| AS14 | •33236 | Removal of permanent epicardial pacemaker and electrode(s) by thoracotomy; single lead system, atrial or ventricular | new | 090 |
| AS15 | •33237 | dual lead system | new | 090 |
| AS16 | •33238 | Removal of permanent transvenous electrode(s) by thoracotomy | new | 090 |
| AS17 | •33240 | Insertion or replacement of implantable cardioverter-defibrillator pulse generator only | new | 090 |
| AS18 | •33241 | Removal of implantable cardioverter-defibrillator pulse generator only | new | 090 |
| AS19 | •33242 | Repair of implantable cardioverter-defibrillator pulse generator and/or leads | new | 090 |
| AS20 | •33243 | Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy | new | 090 |
| AS21 | •33244 | by other than thoracotomy | new | 090 |
| AS22 | •33247 | Insertion or replacement of implantable cardioverter-defibrillator pulse generator lead(s), by other than thoracotomy; | new | 090 |
| | 33248 | ~~Revision or removal of automatic implantable cardioverter defibrillator pads and electrodes~~<br><br>(33248 has been deleted. To report, see 33243, 33244) | deleted | 090 |
| AS23 | •33249 | with insertion of cardio-defibrillator pulse generator | new | 090 |
| AS24 | •93724 | Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings) | new | XXX |
| AS25 | 93731 | Electronic analysis of dual chamber ~~internal~~ pacemaker system ~~(may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker)~~ (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming | revised | XXX |
| AS26 | 93732 | with reprogramming | revised | XXX |
| AS27 | 93733 | Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis | revised | XXX |

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| | | | | |
|---|---|---|---|---|
| AP2 | •93540 | for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries | new | 000 |
| AP9 | •93555 | Imaging supervison, interpretation and report for injection procedure(s) during cardiac cateterization; ventricular and/or atrial angiography | new | 000 |
| AP10 | •93556 | pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass) | new | 000 |
| Pacemaker | | | | |
| AS1 | 33210 | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) | revised | 090 |
| AS2 | •33211 | Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure) | new | 090 |
| AS3 | 33212 | Insertion or replacement of pacemaker pulse generator ~~or automatic implantable cardioverter defibrillator pulse generator~~ only; single chamber, atrial or ventricular | revised | 090 |
| AS4 | •33213 | dual chamber | new | 090 |
| AS5 | •33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) | new | 090 |
| AS6 | 33216 | Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber, atrial or ventricular | revised | 090 |
| AS7 | •33217 | dual chamber | new | 090 |
| AS8 | 33218 | Repair of pacemaker~~;~~ electrode(s) only; single chamber, atrial or ventricular | revised | 090 |
| | 33219 | ~~with replacement of pulse generator~~<br><br>(33219 was deleted. To use 33212, 33213 and 33218 or 33220) | deleted | 090 |
| AS9 | •33220 | dual chamber | new | 090 |
| AS10 | 33222 | Revision or relocation of skin pocket for pacemaker ~~or automatic implantable cardioverter defibrillator~~ | revised | 090 |
| AS11 | •33223 | Revision or relocation of skin pocket for implantable cardioverter-defibrillator | new | 090 |
| | 33232 | ~~Removal without replacement of permanent pacemaker and transvenous electrode(s); single lead system, atrial or ventricular~~<br><br>(33232 has been deleted. To report, see 33233, 33234, 33236) | deleted | 090 |
| AS12 | •33233 | Removal of permanent pacemaker; pulse generator only | new | 090 |

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## AMA SPECIALTY SOCIETY RVS UPDATE PROCESS

### TABLE 3

CODING ISSUES FOR WHICH NO RUC RECOMMENDATIONS ARE BEING MADE AT THIS TIME

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period |
|---|---|---|---|---|
| Work Hardening | | | | |
| QQ1 | 97545 | Work hardening/conditioning; initial 2 hours | | XXX |
| QQ2 | 97546 | each additional hour | | XXX |
| Physical Medicine | | | | |
| RR1 | •97250 | Myofascial release/soft tissue mobilization, one or more regions | new | XXX |
| Dual Energy X-ray Absorptiometry (DEXA) | | | | |
| AH1 | •76075 | Dual energy x-ray absorptiometry (DEXA), bone density study | new | XXX |
| 3-D Reconstruction of Tumor | | | | |
| AK1 | •77295 | by three-dimensional reconstruction of tumor volume | new | XXX |
| Radiation Treatment | | | | |
| AL1 | •77419 | Weekly radiology therapy management; conformal<br><br>(This code may be reported once per every five sessions of treatment management. This code excludes the use of 77420, 77425, 77430, and 77431) | new | XXX |
| AL3 | 77420 | ~~Weekly radiology therapy managment;~~ simple | revised | XXX |
| AL2 | •77432 | Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment confined to one session) | new | XXX |
| Cardiac Catheterization | | | | |
| AP1 | •93539 | Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mannary), whether native or used by bypass | new | 000 |

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# AMA SPECIALTY SOCIETY RVS UPDATE PROCESS

## TABLE 1

## SUMMARY OF RECOMMENDATIONS
## JULY 1993

### PROLONGED SERVICES - TAB 1

Prolonged physician service codes are to be used when a physician provides prolonged service to a patient above and beyond what is usually required of that service in either the inpatient or outpatient setting. The RUC noted that the addition of these codes fills a void in the current coding system, since there is presently no way to report evaluation and management services that extend beyond the service described by the Level V codes. The RUC also concluded that, given appropriate coverage and payment policies, the addition of these codes by CPT, particularly the outpatient codes, would help ensure that services were provided in the most appropriate setting and reduce the incidence of more costly emergency room visits and hospital admissions.

The recommendations are derived from a survey primarily of family physicians and internists, as well as a small group process involving extensive assessment of the relationship between the work involved in the new codes and that involved in the key reference services, including each of the four dimensions of work. The RUC's discussion of the relative value recommendations focused on various aspects of the time factor involved in the prolonged service codes and the relationship between time and work. The idea that the time spent by the physician is not necessarily continuous was taken into consideration by the RUC and it was clear that only the actual face-to-face physician time for the services described by 99354-99357 would be counted in using these codes.

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| Tracking # | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | | PROLONGED PHYSICIAN SERVICE WITH DIRECT (FACE-TO-FACE) PATIENT CONTACT<br><br>Codes 99354-99357 are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service in either the inpatient or outpatient setting. This service is reported in addition to other physician service, including evaluation and management services at any level. Appropriate codes should be selected for supplies provided or procedures performed in the care of the patient during this period.<br><br>Codes 99354-99357 are used to report the total duration of face-to-face time spent by a physician on a given date providing prolonged service, even if the time spent by the physician on that date is not continuous. Code 99354 or 99356 is used to report the first hour of prolonged service on a given date, depending on the place of service. Either code also may be used to report a total duration of prolonged service of 30-60 minutes on a given date. Either code should be used only once per date, even if the time spent by the physician is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes.<br><br>Code 99355 or 99357 is used to report each additional 30 minutes beyond the first hour, depending on the place of service. Either code also may be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately.<br><br>The following examples illustrate the correct reporting of prolonged physician service with direct patient contact in the office setting:<br><br>Total Duration of Prolonged Services — Code(s)<br>a. less than 30 minutes (less than 1/2 hour) — Not reported separately<br>b. 30-74 minutes (1/2 hr. - 1 hr. 14 min.) — 99354 X 1<br>c. 75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.) — 99354 X 1 and 99355 X 1<br>d. 105-134 minutes (1 hr. 45 min. - 2 hr. 14 min.) — 99354 X 1 and 99355 X 2<br>e. 135-164 minutes (2 hr. 15 min. - 2 hr. 44 min.) — 99354 X 1 and 99355 X 3<br>f. 165-194 minutes (2 hr. 45 min. - 3 hr. 14 min.) — 99354 X 1 and 99355 X 4 | | | |
| | 99150 | ~~Prolonged physician attendance requiring physician detention beyond usual service(eg, operative standby, monitoring ECG, EEG, intrathoracic pressures, intravascular pressures, blood gases during surgery, standby for newborn care following cesarean section, or maternal fetal monitoring), 30 minutes to one hour~~ | deleted | XXX | N/A |

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| Tracking # | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 99151 | ~~more than one hour~~<br><br>(99150, 99151 have been deleted. To report, see 99354-99360) | deleted | XXX | N/A |
| TT1 | •99354 | Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour | new | XXX | 2.33 |
| TT2 | •99355 | each additional 30 minutes | new | XXX | 1.20 |
| TT3 | •99356 | Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour | new | XXX | 3.00 |
| TT4 | •99357 | each additional 30 minutes | new | XXX | 1.50 |
| PROLONGED PHYSICIAN SERVICE WITHOUT DIRECT (FACE-TO-FACE) CONTACT<br><br>Codes 99358 and 99359 are used when a physician provides prolonged service not involving direct (face-to-face) contact that is beyond the usual service in either the inpatient or outpatient setting. This service is to be reported in addition to other physician service, including evaluation and management services at any level.<br><br>Codes 99358 and 99359 are used to report the total duration of non face-to-face time spent by a physician on a given date providing prolonged service, even if the time spent by the physician on that date is not continuous. Code 99359 is used to report the first hour of prolonged service on a given date regardless of the place of service. It also may be used to report a total duration of prolonged service of 30-60 minutes on a given date. It should be used only once per date even if the time spent by the physician is not continuous on that date. Prolonged service of less than 30 minutes total duration on a given date is not separately reported.<br><br>Code 99359 is used to report each additional 30 minutes beyond the first hour regardless of the place of service. It also may be used to report the final 15-30 minutes of prolonged service on a given date. Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is not reported separately. | | | | | |
| TT5 | •99358 | Prolonged evaluation and management service before and\or after direct (face-to-face) patient contact (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first 30-60 minutes | new | XXX | 2.10 |
| TT6 | •99359 | each additional 30 minutes<br><br>(To report telephone calls, see 99371-99373) | new | XXX | 1.00 |

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| Tracking # | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| PHYSICIAN STANDBY SERVICES<br><br>Code 99360 is use to report physician standby service that is requested by another physician and that involves prolonged physician attendance without direct (face-to-face) patient contact. The physician may not be providing care or services to other patients during this period. This code is not used to report time spent proctoring another physician. It also is not used if the period of standby ends with the performance of a procedure subject to a "surgical package" by the physician who was on standby.<br><br>Codes 99360 is used to report the total duration of time spent by a physician on a given date on standby. Standby service of less than 30 minutes total duration on a given date is not reported separately. Second and subsequent periods of standby beyond the first 30 minutes may be reported only if a full 30 minutes of standby was provided for each unit of service reported. | | | | | |
| TT7 | •99360 | Physician standby service, requiring prolonged physician attendance; each 30 minutes (eg, operative standby, standby cesarean delivery for newborn care) | new | XXX | 1.20 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TTI CPT Code: ●993X1 Global Period: XXX

CPT Descriptor: Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g. prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

20 year old female with a history of asthma presents with acute bronchospasm and moderate respiratory distress. Initial evaluation and management shows respiratory rate 30, labored breathing and wheezing heard in all lung fields. Office treatment is initiated which includes intermittent bronchio dilation and subcutaneous epinephrine. Requires intermittent physician face-to-face time with patient over a period of 2-3 hours.. Patient is returned home subsequent to stabilization.

KEY REFERENCE SERVICES(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to face with the patient and/or family. | 2.36 |
| 99244 | Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. | 2.30 |

Relationship to Key Reference Service(s):

Compared to reference codes 99205 and 99244, the time required for TT1 is approximately the same; the technical and physical effort is slightly less; the mental effort approximately the same while the stress associated with stabilizing and managing the asthmatic crisis would be substantially greater. Thus, compared to values of 2.30 (99244) and 2.36 (99205) the median surveyed value of 2.33 appears appropriate.

**SURVEY DATA:**

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SPECIALTY: Family Practice and Internal Medicine

Median Intra-Service Time: 60 Low: 30 High: 180

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TT2 CPT Code: ●993X2 Global Period: XXX

CPT Descriptor: Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

20 year old female with a history of asthma presents with acute bronchospasm and moderate respiratory distress. Initial evaluation and management shows respiratory rate 30, labored breathing and wheezing heard in all lung fields. Office treatment is initiated which includes intermittent bronchio dilation and subcutaneous epinephrine. Requires intermittent physician face-to-face time with patient over a period of 2-3 hours. Patient is returned home subsequent to stabilization.

KEY REFERENCE SERVICES(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problems)s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/ or family. | 0.98 |
| 99233 | Subsequent hospital care per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit. | 1.30 |

Relationship to Key Reference Service(s):

Compared to reference code 99214 (.98 RVW) the time, technical and physical effort and, the mental effort are equivalent; while the stress of stabilizing and managing the asthmatic would be substantially greater. For 99233 (1.3 RVW), the committee determined that all four components were essentially equivalent to those for the surveyed code. Therefore, the recommended value of 1.2 (equal to approximately 50% of TT1), while higher than the surveyed median, is appropriate.

**SURVEY DATA:**

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SPECIALTY: Family Practice and Internal Medicine

Median Intra-Service Time: 30 Low: 10 High: 180

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TT3 CPT Code: ●993X3 Global Period: XXX

CPT Descriptor: Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (e.g., maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

34 year old primigravida presents to hospital in early labor. Admission history and physical reveals severe preeclampsia. Physician supervises management of preeclampsia, IV magnesium initiation and maintenance, labor augmentation with pitocin, and close maternal-fetal monitoring. Physician face-to-face involvement includes 40 minutes of continuous bedside care until the patient is stable, then is intermittent over several hours until the delivery. Care involves patient evaluation, monitoring and interpretation of laboratory results, and adjustment of therapy as needed.

KEY REFERENCE SERVICES(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99285 | Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. | 2.71 |

Relationship to Key Reference Service(s):

Compared to reference code 99285 (2.71 RVW) the time required for TT3 would be equivalent for a similar ER patient; that the physical and technical effort would be equivalent; and that the average mental effort and level of stress associated with TT3 would equal or slightly exceed that for an average 99285. Accordingly, the joint committee recommendation of 3.0 is judged to be appropriate.

SURVEY DATA:

SPECIALTY: Family Practice and Internal Medicine

Median Intra-Service Time: 60 Low: 30 High: 480

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TT4 CPT Code: ●993X4 Global Period: XXX

CPT Descriptor: Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (e.g., maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); each additional 30 minutes

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

34 year old primigravida presents to hospital in early labor. Admission history and physical reveals severe preeclampsia. Physician supervises management of preeclampsia, IV magnesium initiation and maintenance, labor augmentation with pitocin, and close maternal-fetal monitoring. Physician face-to-face involvement includes 40 minutes of continuous bedside care until the patient is stable, then is intermittent over several hours until the delivery. Care involves patient evaluation, monitoring and interpretation of laboratory results, and adjustment of therapy as needed.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99233 | Subsequent hospital care per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit. | 1.30 |
| 99243 | Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family. | 1.53 |

Relationship to Key Reference Service(s):

Compared to reference code 99233 (1.3 RVW) time and mental effort are approximately the same while technical/physical effort is somewhat greater and stress substantially greater owing to the average severity of the condition being managed. Compared to 99243 (1.53 RVW), TT4 involves less time and physical/technical effort but more mental effort and stress. Thus, the joint committee recommendation of 1.50 RVW (50% of TT3), while slightly higher than the surveyed median, is appropriate.

SURVEY DATA:

SPECIALTY : Family Practice and Internal Medicine

Median Intra-Service Time: 30 Low: 15 High: 480

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TT5 CPT Code: ●993X5 Global Period: XXX

CPT Descriptor: Prolonged evaluation and management service before and\or after direct (face-to-face) patient contact (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); first 30-60 minutes

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

A 65 year old new patient with multiple complicated medical problems, brought to the office by her daughter, has been seen and examined by the physician. After the visit, the physician requires extensive time to talk with the daughter, to review complex and detailed medical records transferred from the patient's previous physicians and to complete a comprehensive treatment plan. This plan also requires the physician to personally initiate and coordinate the care plan with a local home health agency and a dietician.

KEY REFERENCE SERVICES(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99244 | Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. | 2.30 |

Relationship to Key Reference Service(s):

TT5, TT6 and TT7 proved particularly challenging to justify key reference services using the "worksheet" approach. The key reference services involved face-to-face time, the surveyed codes do not. Never-the-less, the joint committee concluded that TT5 involved the same amount of time, less technical/physical effort and stress but involved more mental effort than 99244 (2.3 RVW). The surveyed median of 2.10 is thus a reasonable work value.

SURVEY DATA:

SPECIALTY: Family Practice and Internal Medicine

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: 25 Median Post-Service Time: 40

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits:

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TT6 CPT Code: ●993X6 Global Period: XXX

CPT Descriptor: Prolonged evaluation and management service before and/or after direct (face-to-face) patient contact (e.g., review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes

(To report telephone calls, see 99371-99373)

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

A 65 year old new patient with multiple complicated medical problems, brought to the office by her daughter, has been seen and examined by the physician. After the visit, the physician requires extensive time to talk with the daughter, to review complex and detailed medical records transferred from the patient's previous physicians and to complete a comprehensive treatment plan. This plan also requires the physician to personally initiate and coordinate the care plan with a local home health agency and a dietician.

KEY REFERENCE SERVICES(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family. | 0.98 |

Relationship to Key Reference Service(s):

See TT5. The joint committee believes that TT6 involves approximately the same time and stress; less technical/physical effort but more mental effort than 99214 (.98 RVW). The surveyed value of 1.00 also equals slightly less than 50% of TT5.

**SURVEY DATA:**

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SPECIALTY : Family Practice and Internal Medicine

Median Intra-Service Time: N/A Low: N/A High: N/A

Medica Pre-Service Time: 15 Medical Post-Service Time: 25

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: TT7 CPT Code: ●993X7 Global Period: XXX

CPT Descriptor: Physician standby service, requiring prolonged physician attendance; each 30 minutes (e.g., operative standby, standby cesarean delivery for newborn care)

Clinical Description of Service (including pre- intra- and post-service work, and typical patient):

24 year old female patient admitted to OB unit attempting VBAC. Fetal monitoring shows increasing fetal distress. Patient's blood pressure is rising and labor progressing slowly. A primary care physician is requested by the OB/GYN to standby in the hospital for possible cesarean delivery and neonatal resuscitation as needed.

**KEY REFERENCE SERVICES(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family. | 1.19 |

Relationship to Key Reference Service(s):

See Rationale for TT5. The joint committee chose 99203 (1.19 RVW) as the key reference service there being no clear consensus among those surveyed. TT7 involves standing by for the provision of services requiring time equivalent to 99203; obviously less physical/technical effort; but arguably more mental effort in analyzing detailed and complex information and stress in anticipation of providing services to an average patient with complex/severe medical or surgical problems. Thus, the survey median of 1.20 appears appropriate.

**SURVEY DATA:**

SPECIALTY: Family Practice and Internal Medicine

Median Intra-Service Time: N/A Low: High:

Median Pre-Service Time: 30 Medical Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## CARE PLAN OVERSIGIIT - TAB 2

The two new codes for care plan oversight reflect physician case management services involving physician supervision of patients under care of home health agencies, hospice or nursing facility patients. These services include development and periodic revision of care plans and telephone communications with other health care professionals involved in the patient's care.

The RUC's discussion of these codes recognized that they describe a significant physician work activity which is not currently compensated by Medicare. The recommendations were based on a survey of internists and family physicians, and the RUC accepted the rationales presented by the specialties. The stress involved in care plan oversight services is typically higher than a level 4 or 5 office visit (99244 or 99215), since the physician must often make complex care plan decisions based upon information obtained from non-physician health professionals without directly examining the patient. The RUC found that the recommendations accurately reflected the intensity and complexity of the work involved in the care plan oversight services. The Committee noted that many people who are very ill, including some AIDS patients, elderly, disabled, and rural patients, cannot get to a physician's office, and that the number of people whose care is being managed but who are not visiting the physician directly is increasing. For many of these types of patients, the care plan oversight is provided when face-to-face encounters are either unnecessary or difficult to arrange.

The RUC also concluded that the codes were likely to result in cost savings for Medicare because, like the prolonged physician service codes, they increase the likelihood that care will be provided in the most appropriate and cost-effective setting rather than keeping patients hospitalized longer than would otherwise be necessary. For example, premature infants may be sent home earlier or elderly patients may remain at home rather than entering a nursing facility or hospital.

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| Care Plan Oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility or domiciliary services. The complexity and approximate physician time of the care plan oversight services provided within a 30 day period determine code selection. Only one physician may report services for a given period of time, to reflect that physician's sole or predominant supervisory role with a particular patient. These codes should not be reported for supervision of patients in nursing facilities or under the care of home health agencies unless they require recurrent supervision of therapy. The work involved in providing very low intensity or infrequent supervision services is included in the pre- and post-encounter work for home, office/outpatient and nursing facility or domiciliary visit codes.<br><br>Care plan oversight services provided which are less than 30 minutes during a 30-day period are considered part of patient evaluation and management should not be reported separately. | | | | | |
| VV1 | •99375 | Physician supervision of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a 30 day period; 30-60 minutes | new | XXX | 1.59 |
| VV2 | •99376 | greater than 60 minutes | new | XXX | 2.40 |

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VV1

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: VV1 CPT Code: •993X1 Global Period: XXX

CPT Descriptor: Physician supervision of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a 30 day period; 30-60 minutes

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Physician supervision of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a 30 day period; 30-60 minutes

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99215 | Office visit, established, level 5 | 1.57 |
| 99333 | Domiciliary or rest home visit, estab. | 1.03 |
| 99204 | Office visit, new patient, level 4 | 1.77 |

Relationship to Key Reference Service(s):

See Below.

## RATIONALE FOR CONSENSUS RECOMMENDATION:

(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

RVS Committee determined that compared to reference code 99215, the time required for 993X1 is greater (median = 50 minutes compared to typical time of 40 minutes), physical effort was less, mental effort and judgment is modestly higher, and stress is significantly higher (due to the fact that the physician must make care plan decisions without directly examining the patient, usually based on information from non-physician health professionals). Compared to a 99333, all work components– with the exception of physical effort– are substantially higher. Compared to 99204, time of 993X1 is higher (median = 50 minutes compared to 45 minutes), physical effort is less, mental effort is the same or slightly less, and stress is modestly higher. Therefore, the median RVW of 1.59, which was slightly higher than the RVW for 99215, but less than the RVW for 99204, was deemed appropriate.

CODE: 993X1

**SURVEY DATA**

VV1

**SPECIALTY:** Family Practice and Internal Medicine

Median Intra-Service Time: 50 minutes Low: 27.5 minutes High: 210 minutes

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median response for number of times service was provided in past 12 months was 10 times.

VV2

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: VV2 CPT Code: •993X2 Global Period: XXX

CPT Descriptor: Physician supervision of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a 30 day period; greater than 60 minutes

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Physician supervision of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a 30 day period; greater than 60 minutes

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99244 | Office consult, level 4 | 2.30 |
| 99223 | Initial hospital visit, level 3 | 2.65 |

Relationship to Key Reference Service(s):

See below.

**RATIONALE FOR CONSENSUS RECOMMENDATION:** (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

RVS committee determined that compared to reference code 99244, the time required for 993X2 is substantially greater (median intra-service time of 80 minutes, compared to typical time of 60 minutes for 99244); physical effort is less, mental effort is significantly higher, and stress is substantially greater (due to the fact that the physician must make care plan decisions on a patient who typically will have complex and severe medical problems, but without being able to examine the patient directly. The physician must also depend on information from non-physician health professionals, adding another element of stress). Compared to 99223, the time is greater (median intra-service time of 80 minutes, compared to 70 minutes for 99223) physical effort is less, mental effort is less, and stress is approximately the same. Therefore, the committee concluded that the median RVW of 2.40, which fell between the RVWs for reference codes 99244 and 99223, is appropriate.

VV2

CODE: 993X2

## SURVEY DATA

**SPECIALTY:** Family Practice and Internal Medicine

Median Intra-Service Time: 80 min. Low: 45 min. High: 270 min.

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median response for number of times service was provided in past 12 months was 5.5 times.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## HOSPITAL OBSERVATION SERVICES - TAB 3

The addition of a separate code for observation care discharge day management may be used by the physician to report all services provided to a patient on discharge from "observation status" on any day other than the initial. The RUC agreed that the work involved in discharging a patient from "observation status" is very similar to the work involved in discharging a hospital inpatient. The RUC treated this code more like a revised code than a new code, since the service was previously included in code 99238. The RUC thus recommends no change from the established value for code 99238.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recom-mendation |
|---|---|---|---|---|---|
| OBSERVATION CARE DISCHARGE SERVICES<br><br>Observation care discharge of a patient from "observation status" includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records. | | | | | |
| UU1 | •99217 | Observation care discharge day management<br><br>(This code may be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status". To report services to a patient designated as "observation status" who is discharged on the same date, use only the codes for Initial Observation Services (99218-99220) | new | XXX | 1.11 |
| | | HOSPITAL DISCHARGE SERVICES<br><br>Final hospital discharge ~~or observation care discharge~~ of a patient ~~from "observation status"~~ includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records. | | | |

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| | | | | | |
|---|---|---|---|---|---|
| | 99238 | Hospital discharge day management<br><br>(This code is to be utilized by the physician to report all services provided to a patient on the date of discharge if other than the initial date of inpatient hospital care ~~or observation~~ status. To report services to a patient who is admitted as an inpatient~~, or designated observation status,~~ and discharged on the same date, use only the codes for Initial Hospital Inpatient Services, 99291-99223~~, or Initial Observation Services, 99218-99220, as appropriate.~~<br><br>(To report concurrent care services provided by a physician(s) other than the attending physician, use Subsequent Hospital Care codes (99231-99233) on the day of discharge)<br><br>(For Observation Care Discharge, use 99217) | revised | XXX | 1.11 (No Change) |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: UU1 CPT Code: •99XXX Global Period: XXX

CPT Descriptor: Observation care discharge day management

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

At 9 pm, a 22 year old primigravida presents to the labor and delivery unit at 38 weeks gestation with contractions every four minutes, but no cervical dilation. She is sedated and when she awakens, the contractions have stopped. The patient is discharged from observation the following morning.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99238 | Hospital discharge day management | 1.11 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The work associated with discharging a patient from observation care is very similar to the work associated with discharging a hospital inpatient. We recommend that 99XXX have the same RVW as 99238.

SURVEY DATA:

Median Intra-Service Time: 30 min. Low: 10 min. High: 2 hrs.

Median Pre-Service Time: 10 min. Median Post-Service Time: 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Respondents had performed an average of 34 services in the past year.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## NEONATAL INTENSIVE CARE - TAB 7

The RUC's evaluation of the relative value recommendations for neonatal intensive care focused on the critical nature of the care described by the CPT descriptors and the vignettes developed by the neonatologists. Questions were raised about whether these codes could be used for babies in Level II nurseries or whether they could only be used for babies in Level III nurseries. Because the codes describe either premature or critically ill term babies requiring cardiopulmonary monitoring and support including ventilation or CPAP, surfactant administration, pharmacologic control of the circulatory system, intravascular fluid administration, and other services, the RUC concluded that not all Level II nurseries would have the capacity to provide this care but that some would.

Questions were also raised about how much time during a 24-hour period would be spent by the physician in providing services that are equivalent to critical care and whether that care was truly equivalent to critical care. The RUC's recommendations were based on the results of a survey of neonatologists, and the RUC concluded that the critical care codes, subsequent hospital care codes, and the procedures bundled into the neonatal intensive care codes were all appropriate key reference services. The lowest level of care, for a critically ill and stable neonate who is still intubated and still requires invasive cardiopulmonary monitoring, which is described by code 99297, is approximately equivalent to 3.5 Level III hospital visits. Code 99296, for the unstable neonate whose condition is changing almost minute-to-minute, involves nearly twice the work of the 99297 over the same 24-hour period. Initial neonatal intensive care (99295) is nearly twice the work of the subsequent care for the unstable baby, and is equivalent to nearly 5 hours of critical care. Moreover, if claims were submitted for separately providing each of the procedures bundled into the codes as well as the total evaluation and management services over the 24-hour periods, it appeared likely that the neonatologists' total claims would be greater than or at least equal to the recommended relative values.

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| The following codes (99295-99297) are used to report services provided by physicians directing the care of a neonate or infant in a neonatal intensive care unit (NICU). They represent care starting with the date of admission to the NICU and may be reported only once per day, per patient. Once the neonate is no longer considered to be critically ill, the codes for Subsequent Hospital Care (99231-99233) should be utilized.<br><br>These NICU codes are to be used in addition to codes 99150, 99151, and 99440 when the physician is present for the delivery and newborn resuscitation is required.<br><br>Care rendered includes management; monitoring and treatment of the patient including nutritional, metabolic and hematologic maintenance; parent counseling; and personal direct supervision of the health care team in the performance of cognitive and procedural activities.<br><br>The following procedures are also included as part of the global descriptors: umbilical, central or peripheral vessel catheterization, endotracheal intubation, lumbar puncture and suprapubic bladder aspiration. In addition, specific services are included in the parenthetic note following each NICU code. Any services performed which are not listed above or not listed with each NICU code should be reported separately.<br><br>(For additional instructions, see parenthetical descriptions listed for 99292-99297) | | | | | |
| H1 (270) | 99295 | Initial NICU care, per day, for the evaluation and management of a critically ill neonate or infant<br><br>This care is provided on the date of admission of a neonate who requires cardiopulmonary monitoring and support. Such care includes the following, as necessary: initiation of mechanical ventilation or continuous positive airway pressure (CPAP); surfactant administration; pharmacologic control of the circulatory system; intravascular fluid administration; transfusion of blood components; vascular punctures; and blood gas interpretation. | | XXX | 18.42 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| H2 (271) | 99296 | Subsequent NICU care, per day, for the evaluation and management of a critically ill and unstable neonate or infant<br><br>A critically ill and unstable neonate represents a neonate whose cardiopulmonary and metabolic status may be unstable; who requires frequent ventilator changes, inotropic and chronotropic support; who requires frequent IV changes and whose condition is changing almost minute to minute. Such an infant requires almost constant attention by a physician.<br><br>The description represents care provided on dates subsequent to the admission date.<br><br>Such care includes the following, as necessary: mechanical ventilation or CPAP; surfactant administration; pharmacologic control of the circulatory system; total parenteral nutrition; seizure management; invasive or non-invasive electronic monitoring of vital signs, and/or monitoring of blood gases or oxygen saturation. | | XXX | 9.93 |
| H3 (272) | 99297 | Subsequent NICU care, per day, for the evaluation and management of a critically ill and stable neonate or infant<br><br>A critically ill and stable neonate may represent an infant who is still intubated and requires invasive cardiopulmonary monitoring but whose vital signs are stable; who is not seizing; whose metabolic status is stable but who is still NPO and receiving parental nutrition and IV medications; and who is not yet over the acute phase of the initial problem.<br><br>This description represents care provided on dates subsequent to the admission date.<br><br>Such care includes the following, as necessary: ventilatory support and treatment; total parental nutrition; invasive or non-invasive electronic monitoring of vital signs; apnea management and/or monitoring of blood gases or oxygen saturation. | | XXX | 5.00 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 270 CPT Code: 99295 Global Period: XXX

CPT Descriptor: Initial NICU care, per day, for the evaluation and management of a critically ill neonate or infant

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient).

See attached.

Describe any Specialty Differences in the Description of the Typical Patient: The above vignette describes the "typical" premature patient who constitutes a substantial portion of NICU admissions. However, it does not reflect the equally complex care and services provided to all critical neonates cared for in the NICU who have other conditions originating in the perinatal period such as Group B Streptococcal neonatal sepsis, meconium aspiration syndrome or primary pulmonary hypertension, as well as the post-surgical management of infants with diaphragmatic herniae accompanied by respiratory and circulatory failure, abdominal wall defects and life threatening congenital cardiac defects.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour | 3.76 |
| 99292 | Same as 99291 but for each additional 30 minutes | 1.90 |

Relationship to Key Reference Service(s): Since this is a 24-hour bundled code, the committee took the approach of relating the median total service time for the pooled responses of 5.0 hours for this code to the relative values of 3.76 and 1.90 established for the hourly (99291) and half hour (99292) critical care codes respectively. Consequently, 5 hrs. of total service time for 99295 requires 1 hour of 99291 (3.76) + 8 one-half hour intervals of 99291 (1.90) or a total of 18.96.

CPT Code 99295

Clinical Description of Service

Under the care of the attending physician, either personally or by direct supervision, a 900 gram male 28 week gestation infant is admitted. The infant is examined and determined to have respiratory distress syndrome. The infant is intubated and placed on a ventilator. Umbilical artery and vein catheters are placed. Blood culture is obtained and antibiotics started. The infant is placed on continuous cardiovascular, respiratory and blood pressure monitoring. The mother's record is reviewed and she is interviewed for her history. A family history is obtained from the father. Arterial blood gases, x-ray and laboratory results are reviewed. Surfactant is administered. Parents are counselled as to diagnoses, prognoses, and appropriate informed consent is obtained.. Throughout the first 24 hours, the infant is examined repeatedly and arterial blood gases, x-rays, and laboratory values are evaluated repeatedly. This infant is given volume expansion and started on dopamine. An additional dose of surfactant is given. Medical records including history, physical assessment, plan orders, and progress notes are prepared. Parents are informed and counselled as to the infant's condition, progress and prognosis.

SURVEY DATA

**SPECIALTY:** Pediatrics

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: Median - 70 days

25th Percentile Total Service Time=4.5 hrs
75th Percentile Total Service Time=6 hrs.

Number & Level of Post-Hospital Visits: N/A

Other Data: Median Total Service Time = 5.5 hrs. Low Total Service Time = 2.5 hrs.
High Total Service Time = 24 hrs.

**SPECIALTY:** Critical Care Medicine

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: Median - 72.5 days

25th Percentile Total Service Time=5.0 hrs
75th Percentile Total Service Time=9.0 hrs

Number & Level of Post-Hospital Visits: N/A

Low Total Service Time = 2.5 hrs.

Other Data: Median Total Service Time = 6.5 hrs. High Total Service Time = 24 hrs.

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 271 CPT Code: 99296 Global Period: XXX

CPT Descriptor: Subsequent NICU care, per day, for the evaluation and management of a critically ill and unstable neonate or infant

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient)

See attached.

Describe any Specialty Differences in the Description of the Typical Patient: The above vignette describes the "typical" premature patient who constitutes a substantial portion of NICU admissions. However, it does not reflect the equally complex care and services provided to all critical neonates cared for in the NICU who have other conditions originating in the perinatal period such as Group B Streptococcal neonatal sepsis, meconium aspiration syndrome or primary pulmonary hypertension, as well as the post-surgical management of infants with diaphragmatic herniae accompanied by respiratory and circulatory failure, abdominal wall defects and life threatening congenital cardiac defects.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour. | 3.76 |
| 99292 | Same as 99291 but for each additional 30 minutes | 1.90 |

Relationship to Key Reference Service(s): Since this is a 24-hour bundled code, the committee took the approach of relating the median total service time for the pooled responses of 2.5 hours to the relative value of 3.76 and 1.90 for the hour (99291) and 1/2 hour (99292) critical care codes respectively. Consequently, 2.5 hours of total service time requires 1 hour of 99291 and 3 one-half hour intervals or a total of 9.46

CPT Code 99296

Clincial Description of Service

This infant is now 3 days old and is under the care and direct supervision of the attending physician. The infant remains intubated and on intermittent mandatory ventilation. The infant has both umbilical artery and view catheters in place and is on continuous cardiac, respiratory and blood pressure monitoring. Blood pressure is being supported with dopamine. Hyperalimentation has been started. After evaluation, indomethacin has been started for a patent ductus arteriosus. Evaluation for intraventricular hemorrhage with ultrasound has been completed. A packed red blood cell transfusion is given. The infant is examined repeatedly and laboratory, x-rays and arterial blood gasses are repeatedly evaluated. The parents are informed and counselled as to the infant's condition and prognosis. Medical records are maintained including orders and progress notes. fluids and ventilator changes are made frequently as required.

SURVEY DATA

**SPECIALTY:** Pediatrics

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: Hospital stay noted for 99295 encompasses all three codes

25th Percentile Total Service Time=2.5 hrs.
75th Percentile Total Service Time=4.0 hrs.

Number & Level of Post-Hospital Visits: N/A

Other Data: Median Total Service Time = 3 hrs. Low Total Service Time = 1.5 hrs. High Total Service Time = 7 hrs.

**SPECIALTY:** Critical Care Medicine

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: Hospital stay noted for 99295 encompasses all three codes

25th Percentile Total Service Time=2.0 hrs.
75th Percentile Total Service Time=6.0 hrs.

Number & Level of Post-Hospital Visits: N/A

Other Data: Median Total Service Time = 3.75 hrs. Low Total Service Time = .45 hrs. High Total Service Time = 24 hrs.

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: 272 CPT Code: 99297 Global Period: XXX

CPT Descriptor: Subsequent NICU care, per day, for the evaluation and management of a critically ill and stable neonate/infant

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient).

See attached.

Describe any Specialty Differences in the Description of the Typical Patient: The above vignette describes the "typical" premature patient who constitutes a substantial portion of NICU admissions. However, it does not reflect the equally complex care and services provided to all critical neonates cared for in the NICU who have other conditions originating in the perinatal period such as Group B Streptococcal neonatal sepsis, meconium aspiration syndrome or primary pulmonary hypertension, as well as the post-surgical management of infants with diaphragmatic herniae accompanied by respiratory and circulatory failure, abdominal wall defects and life threatening congenital cardiac defects.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour | 3.76 |
| 99292 | Same as 99291 but for each additional 30 minutes | 1.90 |

Relationship to Key Reference Service(s): Since this is a 24-hour bundled code, the committee took the approach of relating the median total service time for the pooled responses of 1.5 hours to the relative value of 3.76 and 1.90 for the hour (99291) and 1/2 hour (99292) critical care codes respectively. Consequently, 1.5 hours of total service time requires 1 hour of 99291 and 1 one-half hour interval of 99292 for a total of 5.66.

CPT Code 99297

Clincial Description of Service

Continuing under the care and direct supervision of the attending physician, the infant continues on minimal ventilator support or has been recently extubated. Umbilical catheters have been removed but he/she remains on continuous cardio-respiratory monitoring. Hyperalimentation is continued but small enteral feedings have been started. The history and physician exam are reviewed. X-ray and laboratory results are evaluated repeatedly. Methylxanthines have been started and levels are being monitored. An additional red blood cell transfusion may be required. Hyperalimentation and enteral feedings are evaluated and re-adjusted. Ventilator changes are made less often. Medical records, including orders and progress notes, are maintained. The parents are informed and counselled as to the infant's progress and prognosis.

SURVEY DATA

SPECIALTY: Pediatrics

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: Hospital stay noted for 99295 encompasses all three codes

25th Percentile Total Service Time=1.15 hr.
75th Percentile Total Service Time=2.0 hrs.

Number & Level of Post-Hospital Visits: N/A

Other Data: Median Total Service Time = 1.5 hr. Low Total Service Time = 1.15 hr. High Total Service Time = 3.75 hrs.

SPECIALTY: Critical Care Medicine

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: Hospital stay noted for ~~99295 encompasses~~ all three codes

25th Percentile Total Service Time=1.0 hr.
75th Percentile Total Service Time=2.5 hrs.

Number & Level of Post-Hospital Visits: N/A

Other Data: Median Total Service Time = 2.0 hrs. Low Total Service Time = 0.5 hr. High Total Service Time = 2.4 hrs.

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Nail Biopsy<br>The RUC compared this service with the procedure described by code 11750 for excision of nail and nail matrix. Whereas 11750 is used for a partial or complete excision for an ingrown toenail or deformity (RVW 1.70), the RUC raised questions about whether the added work associated with the concern about melanoma would increase the relative work of the new code, making it more equivalent to the 11750, but without the RVW that would be associated with a follow-up visit. | | | | | |
| CC1 | +11755 | Biopsy of nail unit, any method (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) | new | (000) | 1.31 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: CC1 CPT Code: • 117XX Global Period: 000

CPT Descriptor: Biopsy of nail unit, any method (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 60 year-old white farmer complains of a darkly pigmented streak over the lateral aspect of his right thumbnail of two (2) year's duration. He feels that the band is gradually increasing in width. Examination reveals a three (3) milimeter band with variable black-brown discoloration extending throughout the length of the lateral nail plate without discoloration of the nail folds. Lateral longitudinal incisional biopsy is performed to establish or rule out diagnosis of subungual melanoma.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 11750 | Excision of nail and nail matrix, partial or complete,... | 1.70 |
| 11100 | Biopsy of skin lesion... | 0.83 |
| 11421 | Removal of skin lesion, benign, scalp... 0.6 to 1.0cm | 1.52 |
| 11442 | Removal of skin lesion, benign, face... 1.1 to 2cm | 1.86 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

See attached sheets.

SURVEY DATA:

Median Intra-Service Time: 25 minutes Low: 15 minutes High: 90 minutes

Median Pre-Service Time: 15 minutes Median Post-Service Time: 15 minutes

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

CPT 117XX BIOPSY OF NAIL UNIT
REFERENCE SERVICES: SURVEY RESULTS

CPT 11750 Excision of Nail and Nail Matrix
In comparison with an excision of a nail and nail matrix partial or complete for permanent removal, a biopsy of the nail unit, is equivalent to a partial removal but less work than a complete removal. However, this code is basically used for an ingrown toenail procedure (Zadik procedure) and the latter carries much less surgical stress, less potential cosmetic defect, and liability than a thumbnail biopsy. Estimate physician work on the biopsy of a nail unit to be 95-98% of an excision of nail and nail matrix (1.70RVW - 0.32 = 1.38RVW when 10 day global period reduction made).

CPT 11100 Skin Biopsy
In comparison with a skin biopsy, a biopsy of the nail unit is extremely more difficult to perform because of:

- *Greater patient anxiety about biopsy of this area (equal to genital or eyelid).
- *More time in explanation, acquiring informed consent and achievement of anesthesia.
- *More knowledge on the part of the surgeon on cell kinetics.
- *Special instrumentation and experience required.
- *Greater risk of permanent cosmetic deformity (upper extremity particularly; therefore greater patient stress.
- *Estimate physician work of a biopsy of a nail unit to be 160-165% of a skin biopsy (RVW 0.83).

CPT 11421 Excision, Benign Lesion, Scalp..., 0.6 to 1.0cm
In comparison with a removal of a 0.6 to 1.0 cm benign lesion on scalp, neck, hands, feet, genitalia, a biopsy of the nail unit is more physician work. I have already equated patient anxiety with a nail biopsy to a genital biopsy. Risk of permanent cosmetic defect is less in all these locations than in the nail unit. Surgical judgement (decision of location of biopsy) and stress greater for nail biopsy. Estimate physician work of a biopsy of the nail unit to be 110% of an excision of a 0.6 to 1.0 cm benign skin lesion on the scalp, etc.

CPT 11442 Excision, Benign Lesion, Face..., 1.1 to 2.0cm
In comparison with a removal of a 1.1 to 2.0 cm benign lesion on the face, ears, eyelids, nose, lips, mucous membranes, a biopsy of the nail unit is less physician work. This group of procedures of this size in these locations require greater surgical planning, stress, skills and equal or exceed the cosmetic and liability factors in a nail biopsy. Estimate physician work of a biopsy of the nail unit to be 85-90% of an excision of a 1.1 to 2.0 cm benign skin lesion on the face, etc.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## BREAST LESION EXCISION - TAB 26

The two new codes, DD1 and DD2, were designed to bring the breast lesion excision section of CPT up to date. They describe the extra work that is involved when excising lesions that have been identified by the radiological marker, as compared with a palpable lesion. The procedure requires the surgeon to spend more time in the operating room because of the need for mammography and for more dissection than is required with a palpable mass. The lesion is first localized pre-operatively, the area is biopsied, and the biopsy is sent to the radiology laboratory. The patient may require further biopsy before close or before a "lumpectomy" with reconstruction. The new code DD2 for each additional lesion was surveyed twice to ensure that the respondents understood clearly the add-on nature of the code. Still, the recommended value is less than that identified by the survey and is equal to one-half the work of a single lesion.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| DD1 | •19125 | Excision of breast lesion identified by pre-operative placement of radiological marker; single lesion | new | 090 | 6.00 |
| DD2 | •19126 | each additional lesion separately identified by a radiological marker | new | ZZZ | 3.00 |

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: DD1 CPT Code: •19XX1 Global Period: 090

CPT Descriptor: Excision of breast lesion identified by pre-operative placement of radiological marker; single lesion

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65-year-old female with 7 mm aggregate of microcalcification 3 cm deep to left nipple and 4 cm superior to left nipple in the outer quadrant left breast. The identifying marker is 7 mm medical and 3mm deep to the lesion. Marker placed by radiologist 30 minutes prior to operation.

Day of Surgery Recovery Room: 30 minutes
total (2 visits in Recovery Room)

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44950 | Appendectomy | 6.21 |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, or more lesions | 4.95 |
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

A more complex procedure requires 1 hour more time than 19170. Requires mammograpy of the specimen usually which adds about 20-30 min. more than a 19120 procedure. Also requires more dissection than a palpable mass, usually takes an hour or more surgical time.

## SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 30 min. High: 120 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 30 min.

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 2 Level II if benign; 1 Level IV of malignant

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: DD2 CPT Code: •19XX2 Global Period: ZZZ

CPT Descriptor: Excision of breast lesion identified by pre-operative placement of radiological marker; each additional lesion separately identified by a radiological maker

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old female with three separate areas of microcalcifications in her left breast (i.e., 10 o'clock, 2 o'clock, and 6 o'clock). All are approximately 3 cm from the nipple and 2-3 cm deep to the skin. The 10 o'clock lesion is the primary lesion, and this code is to evaluate the RVWs for each additional lesion (2 o'clock and 6 o'clock). None of the lesions are palpable, and all require preoperative needle localization by the radiologist. (RVWs limited to intraoperative work only).

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 19XX1 | Excision of breast lesion identified by pre-operative placement of radiological marker; single lesion | 6.00 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Results from previous survey (undertaken in March 1993), along with current survey results, support the recommendation to assign an RVW that is 50% of the work value for excision of a single, primary lesion. By *CPT* manual instructions, this code reflects the use of modifier -51 (multiple procedures). See page 89, "Surgery Guidelines," in the 1993 edition of the *CPT* manual.

**SURVEY DATA:**

Median Intra-Service Time: 60 Low: 15 High: 120

Median Pre-Service Time: 0 Median Post-Service Time: 0

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## ORTHOPAEDIC TRAUMA - TAB 10

These two additions to the orthopaedic trauma codes in CPT complete the extensive revisions made to this section last year. The recommendations are based on the results of a survey of orthopaedic surgeons using the standard RUC survey instrument. The RUC concluded that new code 24566 involves about 81% of the work of the key reference service code 24538 and new code 24582 involves about 88% of the work of this same reference procedure. The RUC also noted that the cast is included in the global fee whereas x-rays are billed separately.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| C2 | •24566 | Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation | new | 090 | 7.35 |
| C3 | •24582 | Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation | new | 090 | 8.02 |

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: C2 CPT Code: •2456X Global Period: 090

CPT Descriptor: Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See Attachment A

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 24538 | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension | 9.07 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

See Attachment B

**SURVEY DATA:**

Median Intra-Service Time: 60 minutes Low: 20 minutes High: 120 minutes

Median Pre-Service Time: 60 minutes Median Post-Service Time: 45 minutes

Length of Hospital Stay: 24 hours

Number & Level of Post-Hospital Visits: 4

Other Data:

Attachment A

# CLINICAL DESCRIPTION OF SERVICE

## TRACKING NO. C2

**New Code 2456X Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation**

Typical Patient: A juvenile falls and sustains a fracture of the humeral epicondylar which is reduced anatomically and is percutaneously pinned

Work: The percutaneous skeletal fixation of a humeral epicondylar fracture involves the placement of a pin or screw inserted across the fracture through a small skin incision. Direct visualization of the fracture site through an open skin incision is not performed. Anatomic reduction and proper pin or screw placement is monitored with intra-operative fluoroscopy. The procedure is performed with anesthesia and routine sterile technique.

Post-service care involves immobilization with a cast or splint until healing occurs. During the healing process, periodic x-raying is done as well as initiation of protected range of motion to ensure healing, maintenance of position and recovery of range of motion.

Attachment B

# RELATIONSHIP TO KEY REFERENCE SERVICE

## TRACKING NO. C2

**New Code 2456X Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation**

RVS Update Process used reference service 24538
(Percutaenous skeletal fixation of supracondylar humeral fracture, with or without intercondylar extension---Medicare work value 9.07)

New code 2456X involves an extra-articular fracture of the distal humerus as does the reference service. But, new code 2456X does not have the potential of vascular compromise (Volkman's ischemic contracture of forearm muscles) nor the possibility of angular mal-alignment which can complicate the supracondylar fracture of the reference service. Therefore, new code 2456X has a less intensive pre-service period than the reference service in terms of time, judgement and stress. The intra-service work of new code 2456X, while procedurally similar to the reference service, is technically less demanding in terms of fracture manipulation and fixation since the fracture is subcutaneous. The post-service period for new code 2456X involves a less vigilant follow-up than the reference service.

The RVS Update Committee, during its conference, considered the median work value of 7.50 as determined by the mail survey. We were in agreement, after discussion, that the work value of new code 2456X should be lowered to 7.35. The reasons expressed concentrated on the lower magnitude for all services in this new code in relation to the reference service and the other surveyed new code 2458X.

The RVS Update Committee was made up of five orthopaedic surgeons; two are considered generalists and there were one subspecialist each from orthopaedic trauma, pediatrics and hand.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: C3 CPT Code: •2458X Global Period: 090

CPT Descriptor: Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See Attachment A

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 24538 | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension | 9.07 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

See Attachment B

**SURVEY DATA:**

Median Intra-Service Time: 60 minutes Low: 25 minutes High: 120 minutes

Median Pre-Service Time: 60 minutes Median Post-Service Time: 60 minutes

Length of Hospital Stay: 24 hours

Number & Level of Post-Hospital Visits: 5

Other Data:

# CLINICAL DESCRIPTION OF SERVICE

## TRACKING NO. C3

**New Code 2458X Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation**

Typical Patient: An adult falls and sustains a fracture of the humeral condyle which is reduced anatomically and is percutaneously pinned

Work: The percutaneous skeletal fixation of a humeral condylar fracture involves the placement of a pin or screw inserted across the fracture through a small skin incision. Direct visualization of the fracture site through an open skin incision is not performed. Anatomic reduction with proper pin or screw placement is monitored with intra-operative fluroscopy. The procedure is performed with anesthesia and routine sterile technique.

Post-service care involves immobilization with a cast or splint until healing occurs. During the healing process, periodic x-raying is done as well as initiation of protected range of motion to ensure healing, maintenance of position and recovery of range of motion.

Attachment B

# RELATIONSHIP TO KEY REFERENCE SERVICE

## TRACKING NO. C3

**New Code 2458X Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation**

RVS Update Process used reference service 24538
(Percutaenous skeletal fixation of supracondylar humeral fracture, with or without intercondylar extension---Medicare work value 9.07)

New code 2458X involves an intra-articular distal humerus fracture rather than the extra-articular fracture site of the reference service. New code 2458X does involve the treatment of a fracture which can produce the sequelae of (ulnar) nerve or (radial) artery entrapment, however, rarely to the potential extent of a Volkman's ischemic contracture of the forearm as is known to occur in the reference service. Therefore, new code 2458X has less intense pre-service work than the reference service in terms of time, judgement and stress. The intra-service work of new code 2458X, while procedurally similar to the reference service, is technically somewhat less demanding in terms of fracture manipulation and accurate fixation. However, angular deformity is a consequence of less than perfect anatomic restoration in the new code. The post-service period of new code 2458X involves somewhat less effort than the reference service.

The RVS Update Committee was made up of five orthopaedic surgeons; two are considered generalists and there were one subspecialist each from orthopaedic trauma, pediatrics and hand.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## ENDOSOPIC SINUS SURGERY - TAB E

The coding revisions to endoscopic sinus surgery represent the recent advances in surgical technique. The RUC first reviewed this issue at its April meeting. After extensive discussion regarding the CPT descriptors for the diagnostic codes and the need for the society to restudy the RVW recommendations, the entire issue was withdrawn by the otolaryngologists until it could be reconsidered at the June RUC meeting.

The RUC recommendations for 31231, 31233, 31235, 31237, 31238, 31287, 31288, and 31240 are based on the survey of practicing otolaryngologists .

Codes 31245-31251; 31261-31271; and 31280-31286 were reviewed as three related families. The value of the first code in each family (31245, 31261, and 31280) is derived from the survey. For the successive codes in each family, an "average increment" was calculated from survey medians and applied in a uniform fashion to each family. For example, the differences between the survey medians for 31245 and 31246, between 31261 and 31262, and between 31280 and 31281 were averaged and added to 31245, 31261, and 31280 to derive the recommended values for 31246, 31262, and 31282. In this fashion, the increments applied to successive codes within each family are uniform across the three families. A table is included in Tab E explaining these increments in work.

The RUC considered the values for each of the codes discussed above to be appropriate. The RUC is not, however, able to provide recommendations for codes 31239 and 31290-31294 at this time.

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| ~~(For endoscopic procedures, code appropriate endoscopy of each anatomic site examined)~~<br><br>(A surgical sinus endoscopy always includes a sinusotomy and a diagnostic endoscopy)<br><br>(Codes 31231 - 31294 are used to report unilateral procedures unless otherwise specified)<br><br>(The codes 31231 - 31235 for diagnostic evaluation refers to employing a nasal/sinus endoscope to inspect the interior of the nasal cavity and the middle and superior meatus, the turbinates, and the spheno-ethmoid recess. Any time a diagnostic evaluation is performed all these areas would be inspected and a separate code is not reported for each area.) | | | | | |
| | 31250 | ~~Nasal endoscopy, diagnostic, with or without biopsy (includes examination of the medial meatus, infundibulum and sinus ostia) (separate procedure)~~<br><br>(31250 has been deleted. To report, see 31231, 31235) | deleted | 000 | N/A |
| EE1 | •31231 | Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) | new | 000 | 1.12 |
| EE3 | •31233 | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture) | new | 000 | 2.40 |
| EE5 | •31235 | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of osteum) | new | 000 | 4.20 |
| EE7 | •31237 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) | new | 000 | 2.88 |
| EE8 | •31238 | with control of epistaxis | new | 000 | 5.00 |
| EE9 | •31239 | with dacryocystorhinostomy | new | 000 | No Recommendation |
| EE35 | •31240 | with concha bullosa resection | new | 000 | 4.00 |
| | 31252 | ~~Nasal endoscopy, surgical; with nasal polypectomy~~<br><br>(31252 has been deleted. To report, use 31237) | deleted | 000 | N/A |

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 31254 | ~~with ethmoidectomy, partial~~<br>(31254 has been deleted. To report, see 31245 - 31251) | deleted | 000 | N/A |
| | 31255 | ~~with ethmoidectomy, anterior and posterior (total)~~<br>(31255 has been deleted. To report, see 31261 - 31286) | deleted | 000 | N/A |
| | 31256 | ~~with maxillary antrostomy~~<br>(31256 has been deleted. To report, see 31246, 31247, 31251, 31262, 31264, 31269, 31271, 31281, 31282, 31284, 31286) | deleted | 000 | N/A |
| | 31258 | ~~with removal of foreign body(s)~~<br>(31258 has been deleted. To report, use 31237) | deleted | 000 | N/A |
| | 31260 | ~~Maxillary sinus endoscopy, diagnostic, with or without biopsy (separate procedure)~~<br>(31260 has been deleted. To report, use 31233) | deleted | 000 | N/A |
| | 31263 | ~~Maxillary sinus endoscopy, surgical; with removal of foreign body(s)~~<br>(31263 has been deleted. To report, use 31299) | deleted | 000 | N/A |
| | 31265 | ~~with removal of cyst~~<br>(31265 has been deleted. To report, use 31299) | deleted | 000 | N/A |
| | 31267 | ~~with removal of mucous membrane and/or polyps~~<br>(31267 has been deleted. To report, use 31247) | deleted | 000 | N/A |
| | 31268 | ~~with removal of fungus ball~~<br>(31268 has been deleted. To report, use 31247) | deleted | 000 | N/A |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 31270 | ~~Sphenoid endoscopy, diagnostic, with or without biopsy (separate procedure)~~<br>(31270 has been deleted. To report, use 31235) | deleted | 000 | N/A |
| | 31275 | ~~Sphenoid endoscopy, surgical;~~<br>(31275 has been deleted. To report, see 31280-31288, 31291) | deleted | 000 | N/A |
| | 31277 | ~~with removal of mucous membrane~~<br>(31277 has been deleted. To report, use 31288) | deleted | 000 | N/A |
| | 31285 | ~~Sinus endoscopy, two or more sinuses, unilateral~~<br>(31285 has been deleted. To report, see 31231-312435 | deleted | 000 | N/A |
| EE10 | •31245 | Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s)); | | 000 | 5.07 |
| EE11 | •31246 | with antrostomy | | 000 | 6.26<br>(1.19+EE10) |
| EE12 | •31247 | with antrostomy and removal of antral mucosal disease | | 000 | 7.03<br>(1.96+EE10) |
| EE13 | •31248 | with frontal sinus exploration | | 000 | 7.43<br>(2.36+EE10) |
| EE14 | •31249 | with frontal sinus exploration and antrostomy | | 000 | 8.85<br>(3.78+EE10) |
| EE15 | •31251 | with frontal sinus exploration, antrostomy, and removal of antral mucosal disease | | 000 | 9.27<br>(4.20+EE10) |
| EE16 | •31261 | Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s)); | | 000 | 8.05 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| EE17 | •31262 | with antrostomy | | 000 | 9.24 (1.19+EE16) |
| EE18 | •31264 | with antrostomy and removal of antral mucosal disease | | 000 | 10.01 (1.96+EE16) |
| EE19 | •31266 | with frontal sinus exploration | | 000 | 10.41 (2.36+EE16) |
| EE20 | •31269 | with frontal sinus exploration and antrostomy | | 000 | 11.83 (3.78+EE16) |
| EE21 | •31271 | with frontal sinus exploration, antrostomy, and removal of antral mucosal disease | | 000 | 12.25 (4.20+EE16) |
| EE22 | •31280 | Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp(s)); | | 000 | 10.19 |
| EE23 | •31281 | with antrostomy | | 000 | 11.38 (1.19+EE22) |
| EE24 | •31282 | with antrostomy and removal of antral mucosal disease | | 000 | 12.15 (1.96+EE22) |
| EE25 | •31283 | with frontal sinus exploration | | 000 | 12.55 (2.36+EE22) |
| EE26 | •31284 | with frontal sinus exploration and antrostomy | | 000 | 13.97 (3.78+EE22) |
| EE27 | •31286 | with frontal sinus exploration, antrostomy and removal of antral mucosal disease | | 000 | 14.39 (4.20+EE22) |
| EE28 | •31287 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; | | 000 | 6.00 |
| EE29 | •31288 | with removal of tissue from the sphenoid sinus | | 000 | 7.02 |
| EE30 | •31290 | Nasal/sinus endoscopy, surgical with repair of cerebrospinal fluid leak; ethmoid region | | 000 | No Recommendation |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| EE31 | •31291 | sphenoid region | | 000 | No Recommendation |
| EE32 | •31292 | Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression | | 000 | No Recommendation |
| EE33 | •31293 | with medial orbital wall and inferior orbital wall decompression | | 000 | No Recommendation |
| EE34 | •31294 | with optic nerve decompression | | 000 | No Recommendation |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE1 CPT Code: •31XX1 Global Period: 000

CPT Descriptor: Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure);

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A patient is referred for evaluation of rhinorrhea, nasal obstruction, intermittent epistaxis and recurrent sinusitis. Because the patient has not responded to prior medical therapy, following your history and physical examination, the patient undergoes a diagnostic nasal endoscopy. The pre- intra- and post service times include explaining the procedure to the patient, application of topical decongestants and anesthetics, the nasal endoscopy and explanation of the findings to the patient (often by the use of the procedure videotape), dictating the procedure note and relaying the findings to relevant parties.

Also included in this code are patients who have had previous nasal endoscopy by you (thereby requiring no procedure explanation) but are having persistent symptoms who may require re-evaluation with endoscopically directed culture, children in whom cooperation for comprehensive nasal endoscopy may be difficult and patients requiring a brief follow-up examination.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31250 | Diagnostic nasal endoscopy | 1.12 |
| 31575 | Diagnostic laryngoscopy | 1.12 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is similar to that of 31250 and 31575.

## SURVEY DATA:

Median Intra-Service Time: 10 Low: 5 High: 90

Median Pre-Service Time: 10 Median Post-Service Time: 10

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE3 CPT Code: •31XX3 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, diagnostic with maxillary sinososcopy (via inferior meatus or canine fossa puncture)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A patient presents with pain, bleeding and/or rhinorrhea and is found to have an abnormality in the maxillary sinus on CT (cyst, solid neoplasm - benign or possibly malignant). This patient may have undergone facial trauma such as orbital blow out or malar fracture. The pre- intra- and post service times include discussion and obtaining informed consent for the procedure, sedation (or general anesthesia if required) and the application of topical and local anesthetics and requires that a complete nasal endoscopy also be performed. The procedure also includes the insertion of the trocar, the endoscopic evaluation with one or more telescopes, and may include biopsy of the lesion and control of subsequent bleeding. The post procedure time also includes dictating the operative note and relaying the findings and post procedure instructions to the relevant parties.

Also included in this code are patients who have had prior maxillary sinus endoscopy or maxillary sinus endoscopy and require repeat endoscopic evaluation and occasional children requiring maxillary sinus endoscopy.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31250 | Diagnostic nasal endoscopy | 1.12 |
| 31260 | Diagnostic maxillary sinus endoscopy | 2.23 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is similar to 31260.

**SURVEY DATA:**

Median Intra-Service Time: 20 Low: 10 High: 60

Median Pre-Service Time: 15 Median Post-Service Time: 15

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE5 CPT Code: •31XX5 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, diagnostic with sphenoid sinososcopy (via puncture of sphenoidal face or cannulation of osteum)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Since the indications for sphenoid sinus endoscopy are limited, patients requiring this procedure are usually very sick or critically ill. A typical patient might be one who presents with fever, diplopia and severe headache. Intranasal examination reveals friable inflamed mucosa and some septal deformity. CT demonstrates opacification of the sphenoid with possible bone erosion or bony expansion as well as some opacification in the maxillary and ethmoid sinuses. As with other sphenoid sinus endoscopies, there is potential risk to the optic nerve and carotid artery. The procedure is typically performed in the operating room and may require the use of a C-arm.

The pre- intra- and post service times include discussion and obtaining informed consent for the procedure, sedation or general anesthesia and the application of topical and local anesthetics. A complete nasal endoscopy must also be performed. The procedure also includes the insertion of the trocar, the endoscopy evaluation with one or more telescopes, dictating the operative note and relaying the findings and post procedure instructions to the relevant parties.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31270 | Diagnostic sphenoid endoscopy | 2.71 |
| 31275 | Surgical sphenoid endoscopy | 3.79 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

More technically difficult and riskier than 31275. Patient tends to be sicker.

**SURVEY DATA:**

Median Intra-Service Time: 35 Low: 15 High: 150

Median Pre-Service Time: 20 Median Post-Service Time: 20

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE7 CPT Code: •31XX7 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A patient who has undergone a prior ethmoidectomy and antrostomy returns with recurrent polyps in the frontal recess and anterior ethmoid area and some frontal headache. There is also thick mucus in the maxillary sinus which remains widely patent. The procedure may be performed in the operating room or in the office and may require only local anesthesia, local anesthesia with sedation or a general anesthetic. During the procedure, some residual osteitic bone is also removed and thick mucus is suctioned from the frontal sinus and the inspissated material removed from the maxillary sinus.

The pre- intra- and post service times include discussion and obtaining informed consent for the procedure, sedation or general anesthesia and the application of topical and local anesthetics. A complete nasal endoscopy must also be performed. The procedure also includes the endoscopic evaluation with one or more telescopes, dictating the operative note and relaying the findings and post procedure instructions to the relevant parties.

Also included in this code are patients requiring post-surgical debridement, intranasal endoscopic biopsies, patients undergoing a primary polypectomy and children who routinely require debridement in the operating room under general anesthesia after prior ethmoid surgery.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31250 | Diagnostic nasal endoscopy | 1.12 |
| 31252 | Surgical nasal endoscopy, with polypectomy | 3.05 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Average of old and new survey medians.

**SURVEY DATA:**

Median Intra-Service Time: 40 Low: 10 High: 120

Median Pre-Service Time: 17.5 Median Post-Service Time: 15

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE8 CPT Code: •31XX8 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical; with control of epistaxis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The typical patient would be a middle aged or elderly hypertensive patient with arteriosclerosis who has epistaxis which has not been controlled with nasal packing (anterior and most commonly posterior together). These patients will usually have a bleeding source in the posterior nasal cavity from the posterior ethmoid artery or a branch of the sphenopalatine artery.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 30920 | Maxillary artery ligation | 7.64 |
| 31030 | Caldwell-Luc without antrochoanal polyp removal | 5.73 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

1) Approximately 2/3 of work of 30920

2) Slightly less work than 31030

## SURVEY DATA:

Median Intra-Service Time: 45 Low: 10 High: 150

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE35 CPT Code: •31X35 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical; with concha bullosa resection

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The typical patient has a history of recurrent maxillary sinusitis with involvement of the natural ostium of the maxillary sinus due to obstruction from an abnormality in the middle turbinate (a concha bullosa cell). Alternatively, the patient may have a history of contact headaches. This requires resection of the obstructing concha bullosa.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 30140 | Submucous resection of turbinate | 3.36 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median.

## SURVEY DATA:

Median Intra-Service Time: 30 Low: 15 High: 140

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# ENDOSCOPIC SINUS SURGERY

## Sinus Code Families

| CPT Code | | Recommended Values |
|---|---|---|
| 31245 | OMC resection &/or anterior ethmoidectomy | 5.07 |
| 31246 | +antrostomy (1.19) | 6.25 |
| 31247 | +antrostomy + antral mucosal disease removal (1.96) | 7.03 |
| 31248 | +frontal sinus (2.36) | 7.43 |
| 31249 | +frontal sinus + antrostomy (3.78) | 8.85 |
| 31251 | +frontal sinus + antrostomy + antral mucosal disease removal (4.20) | 9.27 |
| 31261 | Anterior & posterior ethmoidectomy (APE) | 8.05 |
| 31262 | +antrostomy (1.19) | 9.24 |
| 31264 | +antrostomy + antral mucosal disease removal (1.96) | 10.01 |
| 31266 | +frontal sinus (2.36) | 10.41 |
| 31269 | +frontal sinus + antrostomy (3.78) | 11.83 |
| 31271 | +frontal sinus + antrostomy + antral mucosal disease removal (4.20) | 12.25 |
| 31280 | Anterior & posterior ethmoidectomy and sphenoidotomy (APS) | 10.19 |
| 31281 | +antrostomy (1.19) | 11.38 |
| 31282 | +antrostomy + antral mucosal disease removal (1.96) | 12.15 |
| 31283 | +frontal sinus (2.36) | 12.55 |
| 31284 | +frontal sinus + antrostomy (3.78) | 13.97 |
| 31286 | +frontal sinus + antrostomy + antral mucosal disease removal (4.20) | 14.39 |

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE10 CPT Code: •31X10 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s));

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A patient who has recurrent acute or chronic sinusitis with CT scan opacities in the anterior ethmoid cells, obstruction of the OMC, and/or abnormalities in the ipsilateral maxillary sinus and/or associated anatomic abnormalities of the middle turbinate. Polyps may or may not be present. The procedure includes review of operative risks, review of CT scans in the OR, application of topical and/or injectable anesthetics (in addition to general anesthesia in many cases), removal of anterior ethmoid cells, polyps, opening of OMC, resection of concha bullosa, and discussion of post-op results and care.

## REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31200 | Intranasal anterior ethmoidectomy | 4.79 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median.

## SURVEY DATA:

Median Intra-Service Time: 48 Low: 10 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE11 CPT Code: •31X11 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s)); with antrostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient is similar to EE10 but has more disease around the osteum and in the maxillary sinus itself, thus requiring performance of an antrostomy.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31200 | Intranasal anterior ethmoidectomy | 4.79 |
| 31020 | Intranasal maxillary sinusotomy (antrostomy) | 2.88 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE10 + avg. of (EE11-EE10, EE17-EE16, EE23-EE22)

## SURVEY DATA:

Median Intra-Service Time: 60 Low: 10 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE12 CPT Code: •31X12 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s)); with antrostomy and removal of antral mucosal disease

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The patient is similar to EE11 but has severe disease requiring removal of mucosa of the sinuses via the intranasal endoscopic route.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31200 | Intranasal anterior ethmoidectomy | 4.79 |
| 31020 | Intranasal maxillary sinusotomy (antrostomy) | 2.88 |
| 31030 | Caldwell-Luc, without antrochoanal polyp removal | 5.73 |
| 31032 | Caldwell-Luc, with antrochoanal polyp removal | 6.37 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE11 + avg. of (EE12-EE11, EE18-EE17, EE24-EE23)

## SURVEY DATA:

Median Intra-Service Time: 74 Low: 25 High: 135

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE13 CPT Code: •31X13 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s)); with frontal sinus exploration

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has disease in the anterior ethmoid cells plus evidence of involvement of the frontal sinus and obstruction of the nasal frontal duct.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31200 | Intranasal anterior ethmoidectomy | 4.79 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE12 + avg. of (EE13-EE12, EE19-EE18, EE25-EE24)

**SURVEY DATA:**

Median Intra-Service Time: 75 Low: 25 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE14 CPT Code: •31X14 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s)); with frontal sinus exploration and antrostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has not only disease in the anterior ethmoid cells, but also has significant obstruction of the maxillary sinuses requiring opening of the osteum and also of the frontal sinus and the nasal frontal duct. The anterior ethmoid cells must be opened as well as the nasofrontal duct and a maxillary antrostomy performed.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31200 | Intranasal anterior ethmoidectomy | 4.79 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |
| 31020 | Intranasal maxillary sinusotomy | 2.88 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE13 + avg. of (EE14-EE13, EE20-EE19, EE26-EE25)

**SURVEY DATA:**

Median Intra-Service Time: 80 Low: 30 High: 165

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE15 CPT Code: •31X15 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC) resection and/or anterior ethmoidectomy (with or without removal of polyp(s)); with frontal sinus exploration, antrostomy, and removal of antral mucosal disease

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has disease (infection and/or polyps) in the anterior ethmoid cells plus severe disease in the maxillary sinus with obstruction of the osteum and also disease in the frontal sinus with obstruction of the nasofrontal duct.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31200 | Intranasal anterior ethmoidectomy | 4.79 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |
| 31020 | Intranasal maxillary sinusotomy | 2.88 |
| 31030 | Caldwell-Luc, without antrochoanal polyp removal | 5.73 |
| 31032 | Caldwell-Luc, with antrochoanal polyp removal | 6.37 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE14 + avg. of (EE15-EE14, EE21-EE20, EE27-EE26)

## SURVEY DATA:

Median Intra-Service Time: 90 Low: 35 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE16 CPT Code: •31X16 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s));

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient will have chronic (or recurrent acute) sinusitis or purulent rhinitis (possibly with polyps) in the anterior and posterior ethmoid cells with possible mild involvement of the ipsilateral maxillary and sphenoid sinuses and/or associated anatomic abnormalities of the middle turbinate. In this procedure, an attempt is made to open all of the ethmoid cells back to the anterior wall of the sphenoid sinus, including the spheno-ethmoidal recess, polyps, OMC and concha bullosa.

## REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median.

## SURVEY DATA:

Median Intra-Service Time: 68 Low: 25 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE17 CPT Code: •31X17 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s)); with antrostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient is similar to EE16 but has more severe maxillary sinus disease (with more obstruction of the maxillary osteum) requiring enlargement of the osteum.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE16 + avg. of (E11-EE10, EE17-EE16, EE23-EE22)

## SURVEY DATA:

Median Intra-Service Time: 75 Low: 30 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE18 CPT Code: •31X18 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s)); with antrostomy and removal of antral mucosal disease

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has involvement of anterior and posterior ethmoid cells but has severe maxillary sinus disease requiring removal of disease from the maxillary sinus as well as enlarging or creating an osteum.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |
| 31030 | Caldwell-Luc, without antrochoanal polyp removal | 5.73 |
| 31032 | Caldwell-Luc, with antrochoanal polyp removal | 6.37 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE17 + avg. of (EE12-EE11, EE18-EE17, EE24-EE23)

## SURVEY DATA:

Median Intra-Service Time: 85 Low: 35 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE19 CPT Code: •31X19 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s)); with frontal sinus exploration

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease throughout the anterior and posterior ethmoid cells plus evidence of ipsilateral frontal sinus disease.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE18 + avg. of (EE13-EE12, EE19-EE18, EE25-EE24)

**SURVEY DATA:**

Median Intra-Service Time: 90 Low: 35 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE20 CPT Code: •31X20 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s)); with frontal sinus exploration and antrostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease throughout the anterior and posterior ethmoid cells plus evidence of ipsilateral frontal and maxillary sinus involvement.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE19 + avg. of (EE14-EE13, EE20-EE19, EE26-EE25)

## SURVEY DATA:

Median Intra-Service Time: 90 Low: 40 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE21 CPT Code: •31X21 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy (APE) (with or without removal of polyp(s)); with frontal sinus exploration, antrostomy and removal of antral mucosal disease

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease throughout the anterior and posterior ethmoid cells plus evidence of ipsilateral frontal and severe maxillary sinus involvement.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |
| 31030 | Caldwell-Luc, without antrochoanal polyp removal | 5.73 |
| 31032 | Caldwell-Luc, with antrochoanal polyp removal | 6.37 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE20 + avg. of (EE15-EE14, EE21-EE20, EE27-EE26)

## SURVEY DATA:

Median Intra-Service Time: 100 Low: 20 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE22 CPT Code: •31X22 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp(s));

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease in the anterior and posterior ethmoid cells plus the ipsilateral sphenoid sinus and/or associated anatomic abnormalities of the middle turbinate.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31050 | Sphenoid sinusotomy | 5.20 |
| 31051 | Sphenoid sinusotomy with mucosal stripping or removal of polyps | 7.02 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median.

**SURVEY DATA:**

Median Intra-Service Time: 80 Low: 40 High: 160

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE23 CPT Code: •31X23 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp(s)); with antrostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease in the anterior and posterior ethmoid cells, the ipsilateral sphenoid, and mild involvement of the ipsilateral maxillary sinus.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31050 | Sphenoid sinusotomy | 5.20 |
| 31051 | Sphenoid sinusotomy with mucosal stripping or removal of polyps | 7.02 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE22 + avg. of (EE11-EE10, EE17-EE16, EE23-EE22)

**SURVEY DATA:**

Median Intra-Service Time: 90 Low: 15 High: 163

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: ___ NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE24 CPT Code: •31X24 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp(s)); with antrostomy and removal of antral mucosal disease

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease in the anterior and posterior ethmoid cells, the ipsilateral sphenoid sinus, and moderate to severe ipsilateral maxillary sinus involvement.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31050 | Sphenoid sinusotomy | 5.20 |
| 31051 | Sphenoid sinusotomy with mucosal stripping or removal of polyps | 7.02 |
| 31020 | Intranasal maxillary sinusotomy (antrostomy) | 2.88 |
| 31030 | Caldwell-Luc without antrochoanal polyp removal | 5.73 |
| 31032 | Caldwell-Luc with antrochoanal polyp removal | 6.37 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE23 + avg. of (EE12-EE11, EE18-EE17, EE24-EE23)

## SURVEY DATA:

Median Intra-Service Time: 100 Low: 45 High: 165

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE25 CPT Code: •31X25 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp (s)); with frontal sinus exploration

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease in the anterior and posterior ethmoid cells as well as in the ipsilateral sphenoid and frontal sinuses.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31050 | Sphenoid sinusotomy | 5.20 |
| 31051 | Sphenoid sinusotomy with mucosal stripping or removal of polyps | 7.02 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE24 + avg. of (EE13-EE12, EE19-EE18, EE25-EE24)

## SURVEY DATA:

Median Intra-Service Time: 106 Low: 45 High: 180

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE26 CPT Code: •31X26 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp (s)); with frontal sinus exploration and antrostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease in the anterior and posterior ethmoid cells, as well as in the ipsilateral sphenoid, frontal, and maxillary sinuses.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31050 | Sphenoid sinusotomy | 5.20 |
| 31051 | Sphenoid sinusotomy with mucosal stripping or removal of polyps | 7.02 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE25 + avg. of (EE14-EE13,-EE20-EE19, EE26-EE25)

## SURVEY DATA:

Median Intra-Service Time: 113 Low: 25 High: 210

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE27 CPT Code: •31X27 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with anterior and posterior ethmoidectomy and sphenoidotomy (APS) (with or without removal of polyp (s)); with frontal sinus exploration, antrostomy and removal of antral mucosal disease

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient has inflammatory and/or polypoid disease in the anterior and posterior ethmoid cells, the ipsilateral sphenoid and frontal sinuses, and moderate to severe ipsilateral maxillary sinus disease.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31201 | Intranasal total ethmoidectomy | 8.11 |
| 31050 | Sphenoid sinusotomy | 5.20 |
| 31051 | Sphenoid sinusotomy with mucosal stripping or removal of polyps | 7.02 |
| 31071 | Intranasal frontal sinusotomy | 4.90 |
| 31020 | Intranasal maxillary sinusotomy (antrotomy) | 2.88 |
| 31030 | Caldwell-Luc without antrochoanal polyp removal | 5.73 |
| 31032 | Caldwell-Luc with antrochoanal polyp removal | 6.37 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

EE26 + avg. of EE15-EE14, EE21-EE20, EE27-EE26)

**SURVEY DATA:**

Median Intra-Service Time: 120 Low: 20 High: 210

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: EE28 CPT Code: •31X28 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with sphenoidotomy;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient may be asymptomatic or have a history of fever, headaches, visual disturbances, or possibly meningitis or a fever of unknown origin with an opacity in the sphenoid sinus on CT scan. The patient may also have a question of a malignancy. The procedure may require the use of a c-arm.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31050 | Sphenoid sinusotomy | 5.20 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median.

## SURVEY DATA:

Median Intra-Service Time: 45 Low: 0 High: 140

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: EE29 CPT Code: •31X29 Global Period: 000

CPT Descriptor: Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This patient is similar to EE28 but whose condition necessitates removal of tissue (i.e. to rule out neoplasm, to evaluate for fungal sinusitis, to get a tissue culture for aerobic or anaerobic bacteria). This procedure may also require the use of a c-arm.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 31051 | Sphenoid sinusotomy with mucosal stripping or polyp removal | 7.02 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median.

**SURVEY DATA:**

Median Intra-Service Time: 60 Low: 25 High: 143

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: NA

Number & Level of Post-Hospital Visits: NA

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## GENERAL THORACIC PROCEDURES - TAB 16

The RUC analyzed the manner in which the CPT Editorial Panel had split the existing pneumonectomy codes into larger families of codes and focused on the relationships between the existing codes with currently assigned relative values and the new codes:

- The work involved in 32442 is considered to be more intensive than 32440 because of the need to make sure the endotracheal tube is properly placed.

- The value of code 32445 represents a simple average of the values currently assigned to 32445 and 32450, which has been deleted. Although the specialty indicated that 74 of the 101 cases submitted under the Medicare program were coded as 32445, the RUC did not believe it would be appropriate to use a weighted average based only on Medicare claims data.

- A reduction is recommended in the current value assigned to 32480 from 17.85 to 17.25. It was noted that 32482 would previously have been coded using a modifier for bilateral procedures and that 32484 would previously have been coded using 32480 with modifier -22. The ratio of pneumonectomy procedures coded as 32480 (as revised) relative to the new code 32484 is estimated to be 100:1.

Comparisons were made between the work involved in lung transplant procedures with that of kidney transplants, as well as the work of harvesting lungs relative to hearts. Harvesting the lungs alone is more work than either the heart alone or the total heart/lung block. The RUC's discussion of the lung transplant codes noted that the removal of a lung from a donor is more difficult than removal from a living patient because of the need to preserve the lung and its susceptibility to the external environment. The RUC also discussed the increased intensity associated with the double lung transplant compared to the single lung transplant due to the inability to rely on the healthy lung if complications arise from the transplant.

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | LUNG RESECTION | | | |
| AT1 | 32440 | Removal of lung, total pneumonectomy~~, total~~; | revised | 090 | 19.61 (No Change) |
| AT2 | •32442 | with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) | new | 090 | 25.28 |
| AT3 | 32445 | ~~Pneumonectomy,~~ extrapleural~~; without empyemectomy~~ | revised | 090 | 24.50 (average of 32445 and 32450) |
| | 32450 | ~~with empyemectomy~~<br>(32450 has been deleted. To report, use 32445 and 32540) | deleted | 090 | N/A |
| AT4 | 32480 | Removal of lung, other than total pneumonectomy; single lobe (lobectomy) ~~Lobectomy, total or segmental;~~ | revised | 090 | 17.25 |
| AT5 | •32482 | two lobes (bilobectomy) | new | 090 | 19.00 |
| AT6 | •32484 | single segment (segmentectomy) | new | 090 | 20.00 |
| | 32485 | with bronchoplasty | | 090 | 22.06 (No Change) |
| AT7 | •32486 | with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) | new | 090 | 23.30 |
| AT8 | •32488 | all remaining lung following previous removal of a portion of lung (completion pneumo-nectomy) | new | 090 | 25.00 |
| | 32490 | ~~with concomitant decortication~~<br>(32490 has been deleted. To report, use 32320 and the appropriate removal of lung code.) | deleted | 090 | N/A |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AT9 | 32500 | ~~W~~wedge resection ~~of lung~~, single or multiple | revised | 090 | 13.42 (No Change) |
| | 32520 | Resection of lung; with resection of chest wall | | 090 | 19.90 (No Change) |
| | 32522 | with reconstruction of chest wall, without prosthesis | | 090 | 22.47 (No Change) |
| AT10 | 32540 | Extrapleural enucleation of empyema (empyemectomy)~~;~~ | revised | 090 | 15.17 (No Change) |
| | 32545 | ~~with lobectomy~~<br>(32545 has been deleted. To report, use 32540 and the appropriate removal of lung code) | deleted | 090 | N/A |
| | | LUNG TRANSPLANT | | | |
| AT11 | •32850 | Donor pneumonectomy(ies) with preparation and maintenance of allograft (cadaver) | new | XXX | 12.00 |
| AT12 | •32851 | Lung transplant, single; without cardiopulmonary bypass | new | 090 | 36.00 |
| AT13 | •32852 | with cardiopulmonary bypass | new | 090 | 38.00 |
| AT14 | •32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass | new | 090 | 45.00 |
| AT15 | •32854 | with cardiopulmonary bypass | new | 090 | 50.00 |
| | | VENOUS RECONSTRUCTION | | | |
| AT16 | •34502 | Reconstruction of vena cava, any method | new | 090 | 26.28 |

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT1 CPT Code: 32440 Global Period: 090

CPT Descriptor: Removal of lung, total pneumonectomy~~, total~~;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

58-year-old man presents with a squamous cell carcinoma of the right mainstem bronchus not involving the carina. CT scan shows no paratracheal adenopathy. At thoracotomy, a right pneumonectomy is performed with division of the right mainstem bronchus at the level of the carina.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 32445 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Revision was in wording only. Work is the same as 1993 CPT 32440.

**SURVEY DATA:**

Median Intra-Service Time: 198mins Low: 120mins High: 420mins

Median Pre-Service Time: 120mins Median Post-Service Time: 240mins

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3.0da

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT2 CPT Code: •324X1 Global Period: 090

CPT Descriptor: Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

64-year-old man presents with a squamous cell carcinoma of the right mainstem bronchus extending up onto the carina. CT scan shows a right hilar mass but no paratracheal adenopathy. At thoracotomy, a right pneumonectomy is performed with en bloc resection of the distal trachea and proximal 1 cm of the left mainstem bronchus. Ventilation is maintained by elective cannulation of left mainstem bronchus. An end-to-end anastomosis is then performed of the trachea to the left mainstem bronchus.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 43110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

More work, more intensive than AT1. Our RUC Advisory Group attempted to rank this procedure in a family of related codes and thus thought the RVW more closely approximated the value in the 25th percentile of the survey data than it did the median RVW.

**SURVEY DATA:**

Median Intra-Service Time: 300mins Low: 15.00 High: 600mins

Median Pre-Service Time: 130mins Median Post-Service Time: 300mins

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT3 CPT Code: 32445 Global Period: 090

CPT Descriptor: Removal of lung, total pneumonectomy~~, total~~; ~~Pneumonectomy,~~ extrapleural~~; without empyemectomy~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

48-year-old woman presents with right pleural thickening, loss of pulmonary volume, and no shift of mediastinum. CT scan shows thickened pleura encasing lung. At thoracotomy, mesothelioma is encountered. An extrapleural pneumonectomy is performed by removing all of the pleura from the lateral chest wall and mediastinum with en bloc resection of diaphragm, a portion of pericardium, and entire lung. The diaphragmatic and pericardial defects are closed with prosthesis.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32445 | | |
| 32440 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This code replaces two previous codes: 32445 and 32450. The values for those were 23.94 and 25.28, respectively. To cover both situations, the RUC Advisory took the average of the two.

SURVEY DATA:

Median Intra-Service Time: 360mins Low: 150mins High: 600mins

Median Pre-Service Time: 150mins Median Post-Service Time: 360mins

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT4 CPT Code: 32480 Global Period: 090

CPT Descriptor: Removal of lung, other than total pneumonectomy; single lobe (lobectomy) ~~Lobectomy, total or segmental;~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

58-year-old woman presents with a 3 cm mass in her left lower lobe. Transthoracic fine needle aspiration reveals squamous cell carcinoma. At thoracotomy, a left lower lobectomy is performed after first isolating and dividing the pulmonary artery, inferior pulmonary vein, and lower lobe bronchus. Two chest tubes are inserted at completion of the procedure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32480 | | |
| 32440 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 180mins Low: 30mins High: 360mins

Median Pre-Service Time: 120mins Median Post-Service Time: 210mins

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT5 CPT Code: •324X2 Global Period: 090

CPT Descriptor: Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old woman is found to have an adenocarcinoma located in the anterior segment of the right upper lobe with extension across the minor fissure into the lateral segment of the right middle lobe. At thoracotomy, a right upper and right middle lobectomy are required to completely remove the malignancy. Following completion of the procedure, two chest tubes are inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32480 | | |
| 32440 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Our RUC Advisory Group attempted to rank this procedure in a family of related codes and thus thought the RVW more closely approximated the value in the 25th percentile of the survey data than it did the median RVW.

**SURVEY DATA:**

Median Intra-Service Time: 210mins Low: 120mins High: 420mins

Median Pre-Service Time: 120mins Median Post-Service Time: 210mins

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT6 CPT Code: •324X3 Global Period: 090

CPT Descriptor: Removal of lung, other than total pneumonectomy; single segment (segmentectomy)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

78-year-old man is found to have a squamous cell carcinoma located in the superior segment of the left lower lobe. At time of thoracotomy, a superior segmentectomy is performed. Following completion of the procedure, two chest tubes are inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32480 | | |
| 32440 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210mins Low: 110mins High: 390mins

Median Pre-Service Time: 120mins Median Post-Service Time: 210mins

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT7 CPT Code: •324X4 Global Period: 090

CPT Descriptor: Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

68-year-old woman is found to have an adenocarcinoma of the right upper lobe with extension onto the distal portion of the right mainstem bronchus. At thoracotomy, a right upper lobectomy is performed with en bloc resection of the distal one-half of the right mainstem bronchus and the proximal 0.2 cm of the right intermediate bronchus. An end-to-end anastomosis is then performed of the right mainstem bronchus to the right intermediate bronchus. Following completion of the procedure, two chest tubes are inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32485 | | |
| 32480 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 240mins Low: 150mins High: 480mins

Median Pre-Service Time: 120mins Median Post-Service Time: 240mins

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT8 CPT Code: •324X5 Global Period: 090

CPT Descriptor: Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

60-year-old man, who 20 years ago had undergone a right upper lobectomy for a lung abscess, is now found to have a squamous cell carcinoma of the right lower lobe. At thoracotomy, dense adhesions are found at the hilus of the right lung. A completion pneumonectomy is now performed after mobilizing the right mainstem bronchus through the dense adhesions and dividing the bronchus at the level of the carina. The pulmonary artery and remaining pulmonary veins are also divided.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 32445 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Related to codes AT1-AT3.
The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300mins Low: 120mins High: 540mins

Median Pre-Service Time: 120mins Median Post-Service Time: 240mins

Length of Hospital Stay: 8.3da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT9 CPT Code: 32500 Global Period: 32500

CPT Descriptor: Removal of lung, other than total pneumonectomy; ~~W~~wedge resection ~~of lung~~, single or multiple

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

32-year-old man, who, three years ago underwent an above knee amputation for osteogenic sarcoma, is now found to have a 2 cm mass in the right lower lobe. CT scan confirms solitary nodule. Transthoracic fine needle aspiration reveals osteosarcoma. At thoracotomy, a 2 cm mass is excised with a stapling device from the lateral basal segment of the right lower lobe. A chest tube is inserted at completion of the procedure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32500 | | |
| 32095 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is the same as CPT 32500.

**SURVEY DATA:**

Median Intra-Service Time: 120mins Low: 60mins High: 360mins

Median Pre-Service Time: 105mins Median Post-Service Time: 165mins

Length of Hospital Stay: 5.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT10 CPT Code: 32540 Global Period: 090

CPT Descriptor: Extrapleural enucleation of empyema (empyemectomy);

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

42-year-old woman, who, following left lower pneumonia six weeks previously, is now found to have a 10 cm extrapleural mass in her left lateral chest wall. CT scan shows loculated effusion. Thoracentesis reveals purulent material. At thoracotomy, the mass is completely removed by separating the parietal pleura from the chest wall and decortication of the attached lung. The lung expands to fill the pleural space. Two chest tubes are inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32540 | | |
| 32220 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is the same as 1993 CPT 32540.

**SURVEY DATA:**

Median Intra-Service Time: 180mins Low: 120mins High: 480mins

Median Pre-Service Time: 120mins Median Post-Service Time: 200mins

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT11 CPT Code: •329X1 Global Period: XXX

CPT Descriptor: Donor pneumonectomy(ies) with preparation and maintenance of allograft (cadaver)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

18-year-old man sustained a severe closed head injury in a motor vehicle accident and was declared brain dead the following day. At thoracotomy, the great vessels and trachea are dissected and cardioplegia and pulmonoplegia are administered. The heart and lung block is removed, dividing the superior and inferior vena cava, the aorta and the trachea. The heart is then separated from the heart-lung block and the lungs are separated from each other, preserving the appropriate tissue with each organ. The organs are packed separately for transportation.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 35121 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 180mins Low: 90mins High: 480mins

Median Pre-Service Time: 150mins Median Post-Service Time: 120mins

Length of Hospital Stay: 0.0

Number & Level of Post-Hospital Visits: 0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT12 CPT Code: •329X2 Global Period: 090

CPT Descriptor: Lung transplant, single; without cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

44-year-old woman dyspneic at rest from severe chronic obstructive lung disease and required home oxygen. At thoracotomy, the left lung is removed by dividing the left mainstem bronchus at the level of the left upper lobe. The two pulmonary veins and singe pulmonary artery are divided distally. An allograft left lung is inserted. The recipient left mainstem bronchus and pulmonary artery are re-resected to accommodate the transplant. The recipient pulmonary veins are opened into the left atrium. An end-to-end anastomosis of the recipients respective structures (pulmonary artery, mainstem bronchus and left atrial cuffs) is made to the similar donor structures. Two chest tubes are inserted. Bronchoscopy is performed in the operating room.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 43110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This procedure is twice the work of 32440. AT13-15 are appropriately incremented.

**SURVEY DATA:**

Median Intra-Service Time: 360mins Low: 180mins High: 600mins

Median Pre-Service Time: 240mins Median Post-Service Time: 840mins

Length of Hospital Stay: 21.0

Number & Level of Post-Hospital Visits: 8

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT13 CPT Code: •329X3 Global Period: 090

CPT Descriptor: Lung transplant, single; with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

35-year-old man with severe dyspnea from primary pulmonary hypertension on home oxygen. At the time of thoracotomy, hemodynamics deteriorate as the right pulmonary artery is clamped. Patient is placed on cardiopulmonary bypass by cannulating the right atrium with a single cannula and perfusing the right femoral artery. The right lung is now removed and an allograft right lung inserted with end-to-end anastomosis of the recipient and donors right mainstem bronchus, right pulmonary artery, and left atrial cuffs. Two chest tubes are inserted at the completion of the procedure. Cardiopulmonary bypass is discontinued and the two cannulas removed. Bronchoscopy is performed in the operating room.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 43110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Similar to AT12, but more work involved.

**SURVEY DATA:**

Median Intra-Service Time: 390mins Low: 200mins High: 720mins

Median Pre-Service Time: 240mins Median Post-Service Time: 840mins

Length of Hospital Stay: 21.0da

Number & Level of Post-Hospital Visits: 10

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT14 CPT Code: •339X4 Global Period: 090

CPT Descriptor: Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

38-year-old white female with progressive shortness of breath and persistent purulent sputum from chronic obstructive lung disease now dyspneic at rest and requires home oxygen. Through a transternal bithoracotomy, first the right lung is removed by dividing the right mainstem bronchus at the right upper lobe bronchus level and the pulmonary artery and both pulmonary veins at the most distal level. The patient is supported by ventilating the left lung using a double lumen endotracheal tube. A right allograft lung is then implanted. The recipient right mainstem bronchus, pulmonary artery, and pulmonary veins are re-resected to accommodate the transplant and an end-to-end anastomosis of the recipients respective structures made to the similar donor structures (mainstem bronchus, pulmonary artery and left atrial cuff). Two chest tubes are inserted. Following successful reimplantation of the right lung, a similar procedure is done on the left. The patient is supported by ventilating the right lung allograft during the left lung transplant. Bronchoscopy is performed in the operating room.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 43110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 480mins Low: 100mins High: 720mins

Median Pre-Service Time: 240mins Median Post-Service Time: 840mins

Length of Hospital Stay: 24.0da

Number & Level of Post-Hospital Visits: 8

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT15 CPT Code: •329X5 Global Period: 090

CPT Descriptor: Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

22-year-old white female with progressive shortness of breath and recurrent pneumonia from cystic fibrosis now dyspneic at rest and requires home oxygen. Exposure is through a transternal bithoracotomy. Upon clamping the right pulmonary artery, hemodynamics and arterial saturation deteriorate. Extracorporeal circulation is now instituted by inserting a single venous cannula into the right atrium and the arterial cannula into the aortic arch. The right lung is removed by dividing the right mainstem bronchus at the right upper lobe bronchus level and the pulmonary artery and both pulmonary veins at the most distal level. A right allograft lung is then implanted. The recipient right mainstem bronchus, pulmonary artery, and pulmonary veins are re-resected to accommodate the transplant and an end-to-end anastomosis of the recipients respective structures made to the similar donor structures (mainstem bronchus, pulmonary artery, and left atrial cuff). A similar procedure is then done on the left side. Following completion of both transplants, extracorporeal circulation is discontinued. Two chest tubes are left in each thorax. Bronchoscopy is performed in the operating room.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32440 | | |
| 43110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Similar to AT14, but additional work involved in putting patient on heart-lung bypass.

**SURVEY DATA:**

Median Intra-Service Time: 480mins Low: 12mins High: 840mins

Median Pre-Service Time: 240mins Median Post-Service Time: 840mins

Length of Hospital Stay: 24.0da

Number & Level of Post-Hospital Visits: 10

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT16 CPT Code: •3450X Global Period: 090

CPT Descriptor: Reconstruction of vena cava, any method

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

52-year-old man presents with symptoms of superior vena cava obstruction secondary to mediastinal granuloma. Through a median sternotomy incision, the superior vena cava is exposed along with both the right and left innominate vein. The superior vena cava and mediastinal granuloma are mobilized. The saphenous vein is then exposed from ankle to thigh, completely removed, opened through a vertical venotomy and a spiral vein graft constructed. The superior vena cava, encased by the mediastinal granuloma, is then transected just distal to its origin at the level of the innominate veins and at the right atrium. The spiral vein graft is then inserted in an end-to-end fashion between the confluence of the innominate veins and the right atrium. Two chest tubes are inserted in the mediastinum.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35121 | | |
| 43110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300mins Low: 150mins High: 480mins

Median Pre-Service Time: 150mins Median Post-Service Time: 240mins

Length of Hospital Stay: 7.5da

Number & Level of Post-Hospital Visits: 3

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## VIDEO-ASSISTED THORACIC SURGERY - TAB 15

In considering the recommendations for the thoracoscopy codes, the RUC discussed the greater complexity involved in video-assisted thoracic surgery of the mediastinum compared with the pleural cavity because of the need for the surgeon to traverse the pleural cavity in order to get to the mediastinum. The RUC also discussed the appropriateness of the "000" global period estimate for the diagnostic thoracoscopy procedures (codes 32601-32606) in light of the reported hospital stays of three days, the number of post-hospital visits associated with these procedures, the specialty's statement that the recommendations reflected the total work of the service including all postoperative care, and the key reference services, which are open procedures with 90-day global periods. The RUC is recommending that a global period of "010" (10 days) be assigned to all six of these procedures. The RUC did note, however, that payment policies should still permit physicians to report codes for the subsequent definitive therapy that may be initiated during the 010 day global period for the diagnostic procedure.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| YY1 | •32601 | Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy | new | 010* | 5.59 |
| YY2 | •32602 | lungs and pleural space, with biopsy | new | 010* | 6.11 |
| YY3 | •32603 | pericardial sac, without biopsy | new | 010* | 10.00 |
| YY4 | •32604 | pericardial sac, with biopsy | new | 010* | 11.18 |
| YY5 | •32605 | mediastinal space, without biopsy | new | 010* | 7.10 |
| YY6 | •32606 | mediastinal space, with biopsy | new | 010* | 10.60 |

** The estimated global period was 000. The RUC recommends that a global period of 010 be assigned.*

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | (Surgical thoracoscopy always includes a diagnostic thoracoscopy) | | | |
| YY7 | •32650 | Thoracoscopy, surgical; with pleurodesis, any method | new | 090 | 10.31 |
| YY8 | •32651 | with partial pulmonary decortication | new | 090 | 14.00 |
| YY9 | •32652 | with total pulmonary decortication, including intrapleural pneumonolysis | new | 090 | 18.00 |
| YY10 | •32653 | with removal of intrapleural foreign body or fibrin deposit | new | 090 | 8.20 |
| YY11 | •32654 | with control of traumatic hemorrhage | new | 090 | 12.00 |
| YY12 | •32655 | with excision-plication of bullae, including any pleural procedure | new | 090 | 12.50 |
| YY13 | •32656 | with parietal pleurectomy | new | 090 | 11.00 |
| YY14 | •32657 | with wedge resection of lung, single or multiple | new | 090 | 13.42 |
| YY15 | •32658 | with removal of clot or foreign body from pericardial sac | new | 090 | 12.90 |
| YY16 | •32659 | with creation of pericardial window or partial resection of pericardial sac for drainage | new | 090 | 11.60 |
| YY17 | •32660 | with total pericardectomy | new | 090 | 17.02 |
| YY18 | •32661 | with excision of pericardial cyst, tumor, or mass | new | 090 | 12.50 |
| YY19 | •32662 | with excision of mediastinal cyst, tumor, or mass | new | 090 | 12.71 |
| YY20 | •32663 | with lobectomy, total or segmental | new | 090 | 20.00 |
| YY21 | •32664 | with sympathectomy, thoracolumbar | new | 090 | 13.98 |
| YY22 | •32665 | with esophagotomy, (Heller type) | new | 090 | 15.09 |

* *The estimated global period was 000. The RUC recommends that a global period of 010 be assigned.*

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 32700 | ~~Thoracoscopy, exploratory (separate procedure)~~ | deleted | 000 | N/A |
| | 32705 | ~~with biopsy~~<br><br>(32700 and 32705 have been deleted. To report, see 32601-32606) | deleted | 000 | N/A |

** The estimated global period was 000. The RUC recommends that a global period of 010 be assigned.*

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: YY1 CPT Code: •32XX1 Global Period: 010

CPT Descriptor: Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old man presents with a 4-week history of progressive shortness of breath. Chest x-ray shows blunting of the costophrenic angles on the right. Thoracentesis is nondiagnostic. At thoracoscopy, no specific abnormality is identified. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32700 | | |
| 32705 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Even though technology has changed, making procedure more complex, RUC Advisory Group accepted value of current reference procedure (CPT 32700) in lieu of survey recommendation.

**SURVEY DATA:**

Median Intra-Service Time: 60mins Low: 30mins High: 210mins

Median Pre-Service Time: 90mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 1.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY2 CPT Code: •32XX1 Global Period: 010

CPT Descriptor: Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

75-year-old man presents with six-month history of lower lateral chest wall pain and shortness of breath. Chest x-ray shows pleural thickening of the entire lateral chest wall. At thoracoscopy, a lobulated mass over diaphragm and chest wall is found. Biopsy reveals mesothelioma. A chest tube is inserted

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32705 | | |
| 32095 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

See YYI

**SURVEY DATA:**

Median Intra-Service Time: 75mins Low: 30mins High: 246mins

Median Pre-Service Time: 90mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: YY3 CPT Code: •32XX3 Global Period: 010

CPT Descriptor: Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

64-year-old man is found to have asymptomatic pericardial widening on chest x-ray. Ultrasound demonstrates pericardial effusion. Following evacuation by pericardocentesis, effusion returned. At thoracoscopy, a pericardial incision is made anterior to the phrenic nerve and the pericardial cavity entered. No specific pericardial abnormality is identified. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33025 | | |
| 32095 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 90mins Low: 30mins High: 300mins

Median Pre-Service Time: 83mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY4 CPT Code: •32XX4 Global Period: 010

CPT Descriptor: Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

49-year-old woman, who ten years previously had mastectomy for breast cancer, now is found to have asymptomatic pericardial widening on chest x-ray. Ultrasound demonstrates pericardial effusion. CT scan shows pericardial thickening. At thoracoscopy, a pericardial incision is made anterior to the phrenic nerve and the pericardial cavity entered. Examination reveals the pericardium to be studded with small nodular masses which on biopsy reveals metastatic adenocarcinoma consistent with breast cancer. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33025 | | |
| 33705 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 108mins Low: 45mins High: 300mins

Median Pre-Service Time: 83mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY5 CPT Code: •32XX5 Global Period: 010

CPT Descriptor: Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65-year-old woman presents with asymptomatic mediastinal widening found on routine chest x-ray. CT scan shows diffuse mediastinal enlargement. Thoracoscopy revealed no abnormality. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32700 | | |
| 39110 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 60mins Low: 30mins High: 216mins

Median Pre-Service Time: 60mins Median Post-Service Time: 120mins

Length of Hospital Stay: 2.0da

Number & Level of Post-Hospital Visits: 1

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY6 CPT Code: •32XX6 Global Period: 010

CPT Descriptor: Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

18-year-old women is found to have large anterior mediastinal mass on chest x-ray. CT scan shows mass engulfing thymus gland. At thoracoscopy, large lobulated mass encountered which on biopsy reveals Hodgkin's lymphoma. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 39010 | | |
| 32705 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 90mins Low: 45mins High: 240mins

Median Pre-Service Time: 90mins Median Post-Service Time: 120mins

Length of Hospital Stay: 2.8da

Number & Level of Post-Hospital Visits: 1

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY7 CPT Code: •32XX7 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with pleurodesis, any method

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

73-year-old man presents with shortness of breath. Chest x-ray shows right pneumothorax. At thoracoscopy, pleural carcinomatosis is found. Pleurodesis is performed. The lung expands to fill the pleural space. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32215 | | |
| 32700 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This entire family of codes represents another mode of entry into the chest, with work similar to that of a thoracotomy. Therefore these codes represent very similar work values to those of traditional thoractomy. Preservice time is actually longer and intraservice time is as long or possibly longer. Postservice time is the same. Morbidity and hospital stay, however, are generally less.

## SURVEY DATA:

Median Intra-Service Time: 90mins Low: 30mins High: 246mins

Median Pre-Service Time: 60mins Median Post-Service Time: 140mins

Length of Hospital Stay: 4.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY8 CPT Code: •32XX8 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with partial pulmonary decortication

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

26-year-old man presents with shortness of breath. Chest x-ray shows right pneumothorax. At thoracoscopy, the right lower lobe is partially entrapped and does not expand to fill the pleural space. The right lower lobe is decorticated. No other abnormality is encountered. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32225 | | |
| 32220 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Intraservice time is twice as long as for CPT 32225 (RVW 12.39). The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 150mins Low: 90mins High: 360mins

Median Pre-Service Time: 60mins Median Post-Service Time: 150mins

Length of Hospital Stay: 5.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY9 CPT Code: •32XX9 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with total pulmonary decortication, including intrapleural pneumonolysis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65-year-old man presents with a three-month history of progressive shortness of breath. Chest x-ray shows a large right pleural effusion. CT scan confirms effusion with associated right lung collapse. At thoracoscopy, all 3 pulmonary lobes are entrapped and do not expand to fill the pleural space. No other specific abnormality is encountered. All three lobes are decorticated including adhesions between the lobes. The lung expands to fill the pleural space. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32220 | | |
| 32225 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 210mins Low: 90mins High: 450mins

Median Pre-Service Time: 90mins Median Post-Service Time: 180mins

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 3

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: YY10 CPT Code: •32X10 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with removal of intrapleural foreign body or fibrin deposit

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

32-year-old man sustained small caliber gunshot wound to left chest two weeks previously. Chest x-ray demonstrates a foreign body in the pleural cavity. At thoracoscopy, the foreign body was removed. No other abnormality is found. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32705 | | |
| 32095 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 90mins Low: 40mins High: 246mins

Median Pre-Service Time: 60mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 1

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY11 CPT Code: •32X11 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with control of traumatic hemorrhage

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

33-year-old woman following diagnostic left thoracentesis develops large left pleural effusion. Chest tube inserted with evacuation of blood. At thoracoscopy, bleeding is found to be coming from intercostal artery in the region of the thoracentesis site. Bleeding is controlled with hemoclips and cauterization. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32141 | | |
| 32095 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 120mins Low: 50mins High: 246mins

Median Pre-Service Time: 60mins Median Post-Service Time: 150mins

Length of Hospital Stay: 4.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY12 CPT Code: •32X12 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with excision-plication of bullae, including any pleural procedure

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

34-year-old man presents with sudden shortness of breath. Chest x-ray shows a right pneumothorax. CT scan demonstrates a bullae in the right upper lobe apex. At thoracoscopy the bullae is identified and removed with a stapling device. A dry-gauze pleurodesis is performed. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32141 | | |
| 32215 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 120mins Low: 45mins High: 300mins

Median Pre-Service Time: 80mins Median Post-Service Time: 125mins

Length of Hospital Stay: 4.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: YY13 CPT Code: •32X13 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with parietal pleurectomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

34-year-old man presents with sudden shortness of breath. Chest x-ray shows a right pneumothorax. CT scan demonstrated multiple bullae. At thoracoscopy, no specific air leak is identified. A parietal pleurectomy is performed. Two chest tubes are inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32141 | | |
| 32215 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Procedure is very similar in work to YY7, but has more intraprocedure time.
Our RUC Advisory Group attempted to rank this procedure in a family of related codes and thus thought the RVW more closely approximated the value in the 25th percentile of the survey data than it did the median RVW.

**SURVEY DATA:**

Median Intra-Service Time: 150mins Low: 60mins High: 246mins

Median Pre-Service Time: 60mins Median Post-Service Time: 170mins

Length of Hospital Stay: 5.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: YY14 CPT Code: •32X14 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with wedge resection of lung, single or multiple

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

38-year-old woman with progressive shortness of breath. Chest x-ray shows diffuse pulmonary infiltrates, more prominent in lower lobe. At thoracoscopy, a finely nodular pattern is seen on surface of lower lobe. A right lower lobe biopsy is done with stapler. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32500 | | |
| 32095 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Same work as CPT 32500 (ref. procedure)

**SURVEY DATA:**

Median Intra-Service Time: 120mins Low: 40mins High: 246mins

Median Pre-Service Time: 90mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY15 CPT Code: •32X15 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with removal of clot or foreign body from pericardial sac

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

55-year-old woman had recently undergone pericardiocentesis for pericardial tamponade. During removal of the pericardiocentesis catheter, a portion of the catheter was inadvertently retained. At thoracoscopy, a small incision is made in the pericardium, the pericardial cavity entered, and the catheter removed. A chest tube is inserted in the pleural cavity.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33025 | | |
| 33100 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 120mins Low: 50mins High: 366mins

Median Pre-Service Time: 90mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY16 CPT Code: •32X16 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with creation of pericardial window or partial resection of pericardial sac for drainage

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

62-year-old man presents with signs and symptoms of pericardial tamponade. Hemodynamic control was obtained with ultrasound and pericardiocentesis. At thoracoscopy, a 5x5 cm pericardial window is made anterior to the phrenic nerve. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33025 | | |
| 33100 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is slightly greater than YY4. Our RUC Advisory Group attempted to rank this procedure in a family of related codes and thus thought the RVW more closely approximated the value in the 25th percentile of the survey data than it did the median RVW.

**SURVEY DATA:**

Median Intra-Service Time: 120mins Low: 60mins High: 414mins

Median Pre-Service Time: 90mins Median Post-Service Time: 165mins

Length of Hospital Stay: 4.0mins

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY17 CPT Code: •32X17 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with total pericardectomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

48-year-old woman presents with dyspnea and fluid retention. Ultrasound shows thickened pericardium which was confirmed with CT scan. At the time of thoracoscopy, the phrenic nerve is mobilized from the pericardium. The entire pericardium is then excised from the vena cava on the right to the pulmonary veins on the left. The posterior pericardium is then excised. A chest tube is inserted following completion of the procedure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33100 | | |
| 33025 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is same as CPT 33100

SURVEY DATA:

Median Intra-Service Time: 190mins Low: 120mins High: 534mins

Median Pre-Service Time: 103mins Median Post-Service Time: 180mins

Length of Hospital Stay: 5.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY18 CPT Code: •32X18 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with excision of pericardial cyst, tumor, or mass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

54-year-old man presents with a 3 cm mass in the right medial costophrenic angle. At the time of thoracoscopy, the mass is found to be a pericardial cyst arising posterior to the phrenic nerve at the level of the diaphragm. The cyst is excised. A chest tube is inserted at completion of the procedure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 39200 | | |
| 32700 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Slightly less work than YY19. Our RUC Advisory Group attempted to rank this procedure in a family of related codes and thus thought the RVW more closely approximated the value in the 25th percentile of the survey data than it did the median RVW.

**SURVEY DATA:**

Median Intra-Service Time: 120mins Low: 60mins High: 420mins

Median Pre-Service Time: 60mins Median Post-Service Time: 130mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY19 CPT Code: •32X19 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with excision of mediastinal cyst, tumor, or mass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

45-year-old man presents with an anterior mediastinal mass. CT scan shows mass to be in the region of the thymus gland. At the time of thoracoscopy, the mass is excised. A chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 39200 | | |
| 32700 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Same work as CPT 39200

**SURVEY DATA:**

Median Intra-Service Time: 180mins Low: 60mins High: 360mins

Median Pre-Service Time: 83mins Median Post-Service Time: 150mins

Length of Hospital Stay: 4.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY20 CPT Code: •32X20 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with lobectomy, total or segmental

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

64-year-old women presents with a 3 cm mass in the left lower lobe. Transthoracic fine needle aspiration reveals squamous cell carcinoma. At thoracoscopy, a left lower lobectomy is performed after first isolating and dividing with a stapler the pulmonary arteries, pulmonary veins, and bronchus. Two chest tubes are inserted at completion of procedure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 32480 | | |
| 32700 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data, where the differential between the 25th and 75th percentile was not great. Thus, we felt the median value proposed indicated a strong consensus within the specialty of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240mins Low: 150mins High: 480mins

Median Pre-Service Time: 105mins Median Post-Service Time: 200mins

Length of Hospital Stay: 6.0da

Number & Level of Post-Hospital Visits: 3

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: YY21 CPT Code: •32X21 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with sympathectomy, thoracolumbar

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

32-year-old woman presents with right forearm and hand causalgia following open fracture of right wrist sustained three years previously. At thoracoscopy, the lower half of the stellate ganglion and the first through fourth thoracic-vertebral ganglion are removed. Following completion of the procedure, a chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 64804 | | |
| 32700 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The work is the same as CPT 64804.

**SURVEY DATA:**

Median Intra-Service Time: 120mins Low: 60mins High: 366mins

Median Pre-Service Time: 90mins Median Post-Service Time: 120mins

Length of Hospital Stay: 3.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: YY22 CPT Code: •32X22 Global Period: 090

CPT Descriptor: Thoracoscopy, therapeutic; with esophagotomy, (Heller type)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

44-year-old man is found to have achalasia following evaluation of long history of dysphagia. At thoracoscopy, an esophagomyotomy is performed from 1 cm distal to the gastroesophageal junction up to the level of the superior pulmonary vein. The esophageal mucosa is then separated from the muscular wall for one-half of its circumference. Following completion of the procedure, a chest tube is inserted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43331 | | |
| 32700 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Work is the same as CPT 43331

**SURVEY DATA:**

Median Intra-Service Time: 200mins Low: 90mins High: 600mins

Median Pre-Service Time: 120mins Median Post-Service Time: 180mins

Length of Hospital Stay: 5.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

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## ADULT CARDIAC PROCEDURES - TAB 17

As with the pneumonectomy procedures, the RUC's evaluation of the adult cardiac procedures focused on the ratios of the new codes to the current codes for adult cardiac procedures with assigned relative values. The RUC recommends that the current value of 24.13 for code 33460 be reduced to 23.13 to reflect the deletion of code 33452 for valvotomy.

Likewise, the RUC is recommending that the value of code 33860 be reduced from the current value of 35.09 to 34.74 and that new code 33861 be assigned a value of 35.00, which is somewhat less than the current value of 33860, to allow for the greater work involved in the new code 33863 relative to the other two procedures.

New code 33973 is an entirely new operation that has evolved over the past 5 years. It is likely to be done when the chest is already open, in which case modifier -51 would be used. The new code 33974 would require a return trip to the operating room, however. The RUC's discussion noted the increased difficulty of procedures involving the ascending aorta compared with those involving the femoral artery. 33973 would currently be coded using an unlisted procedure code or modifier -22.

New codes 33975-33978 describe use of new technologies recently approved by the FDA. They involve a separate operation that frequently takes place during the global period following a cardiac operation.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | TRICUSPID VALVE | | | |
| | 33452 | ~~Valvotomy, tricuspid valve, with cardiopulmonary bypass~~<br>(33452 has been deleted. To report, see 33463, 33464) | deleted | 090 | N/A |
| | 33460 | ~~Valvuloplasty or~~ Valvectomy, tricuspid valve, with cardiopulmonary bypass; | revised | 090 | 23.13 |

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AT20 | •33463 | Valvuloplasty, tricuspid valve; without ring insertion | new | 090 | 24.75 |
| AT21 | •33464 | with ring insertion | new | 090 | 26.50 |
| | 33465 | Replacement, tricuspid valve, with cardiopulmonary bypass | revised | 090 | 27.22 (No Change) |
| | 33468 | Tricuspid valve repositioning and plication for Ebstein anomaly | | 090 | 28.89 (No Change) |
| | | THORACIC AORTIC ANEURYSM | | | |
| | 33860 | Ascending aorta graft, with cardiopulmonary bypass, ~~with or without coronary implant,~~ with or without valve suspension~~; without valve replacement~~ | revised | 090 | 34.74 |
| AT22 | •33861 | with coronary reconstruction | new | 090 | 35.00 |
| AT23 | •33863 | with aortic root replacement using composite prosthesis and coronary reconstruction | new | 090 | 37.15 |
| | 33865 | ~~with valve replacement~~<br><br>(33865 has been deleted. To report, see 33860 or 33861 and 33405 or 33406) | deleted | 090 | N/A |
| | 33870 | Transverse arch graft, with cardiopulmonary bypass | | 090 | 38.66 (No Change) |
| | 33875 | Descending thoracic aorta graft, with or without bypass | | 090 | 27.60 (No Change) |
| | 33877 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass | | 090 | 41.28 (No Change) |
| AT24 | 33930 | Donor cardiectomy-pneumonectomy, with preparation and maintenance of allograft ~~homograft~~ | revised | XXX | 14.00 |
| | 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy | | 090 | No Recom-mendation |
| AT25 | 33940 | Donor cardiectomy, with preparation and maintenance of allograft ~~homograft~~ | revised | XXX | 12.00 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 33945 | Heart transplant, with or without recipient cardiectomy | | 090 | No Recom-mendation |
| | | CARDIAC ASSIST | | | |
| | 33970 | Insertion of intra-aortic balloon assist device ~~counterpulsation; insertion only,~~ through the femoral artery, open approach<br><br>(for percutaneous insertion, use 93556) | revised | 090 | 8.25<br>(No Change) |
| | 33971 | Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft | revised | 090 | 4.13<br>(No Change) |
| | 33972 | ~~monitoring only~~<br><br>(33972 has been deleted. To report, see appropriate E/M code) | deleted | 090 | N/A |
| AT26 | •33973 | Insertion of intra-aortic balloon assist device through the ascending aorta | new | 090 | 10.00 |
| AT27 | •33974 | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft | new | 090 | 13.00 |
| AT28 | •33975 | Implantation of ventricular assist device; single ventricle support | new | 090 | 20.00 |
| AT29 | •33976 | biventricular support | new | 090 | 27.25 |
| AT30 | •33977 | Removal of ventricular assist device; single ventricle support | new | 090 | 17.50 |
| AT31 | •33978 | biventricular support | new | 090 | 20.00 |

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT20 CPT Code: •334X1 Global Period: 090

CPT Descriptor: Valvuloplasty, tricuspid valve; without ring insertion

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

48 year old woman with shortness of breath on exertion, ascites and severe peripheral edema, s/p aortic and mitral valve replacements for rheumatic heart disease. Chronic atrial fibrillation. Cardiac catheterization demonstrates pulmonary hypertension and tricuspid regurgitation with right atrial dilatation.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33460 | | |
| 33465 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Represents spectrum of techniques, including deVega annuloplasty. This code is part of a family of tricuspid valve procedures, with the lowest valued procedure being a valvectomy. In order to have appropriate rank order among the tricuspid valve procedures, the RUC Advisory Group chose to use the 25th percentil RVW, which was thought to more closely approximate the appropriate value of this service.

**SURVEY DATA:**

Median Intra-Service Time: 280min Low: 150min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 420min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT21 CPT Code: •334X2 Global Period: 090

CPT Descriptor: Valvuloplasty, tricuspid valve; with ring insertion

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

60 year old woman with chronic shortness of breath, dyspnea on exertion, and 3+ bilateral lower extremity edema. Chronic atrial fibrillation, s/p mitral commissurotomy at age 26 and mitral valve replacement at age 49. Cardiac catheterization confirms moderate pulmonary hypertension and tricuspid regurgitation with a normal functioning mitral valve prosthesis.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33460 | | |
| 33465 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Although the median RVW was 28.8 from the survey, the vignette may have been misinterpreted as representing a complex reoperation. In order to maintain appropriate rank order in the family of tricuspid valve procedures, the RUC Advisory Group chose an RVW, which is slightly below the 25th percentile RVW from the survey.

**SURVEY DATA:**

Median Intra-Service Time: 300mins Low: 180mins High: 480mins

Median Pre-Service Time: 120mins Median Post-Service Time: 480mins

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT22 CPT Code: •338X1 Global Period: 090

CPT Descriptor: Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

62 year old woman with exercise intolerance and dyspnea on exertion. Echocardiogram demonstrates ascending aortic aneurysm with mild annulo-aortic ectasia. No coronary artery obstructive lesions noted.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33860 | | |
| 33865 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Related to family of codes beginning with CPT 33860 involving ascending aortic graft replacement and additional work of coronary reconstruction with suggested RVW of 35. Upper end is AT23 which includes the work of this procedure plus valve replacement.

SURVEY DATA:

Median Intra-Service Time: 300min Low: 240min High: 720min

Median Pre-Service Time: 120mins Median Post-Service Time: 390mins

Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT23 CPT Code: •338X2 Global Period: 090

CPT Descriptor: Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 32 year old male with clinical signs of Marfans Syndrome and recent development of exercise intolerance. Cardiac evaluation confirms marked annulo-aortic ectasia with moderately severe aortic insufficiency.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33865 | | |
| 33860 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The recommended RVW, which is similar to the 25th percentile RVW from the survey, was recommended by the Advisory Group, since it more accurately places this service in an appropriate rank order to ascending aortic graft procedures.

## SURVEY DATA:

Median Intra-Service Time: 360mins Low: 240mins High: 840mins

Median Pre-Service Time: 120mins Median Post-Service Time: 480mins

Length of Hospital Stay: 9.0da

Number & Level of Post-Hospital Visits: 2

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT24 CPT Code: 33930 Global Period: XXX

CPT Descriptor: Donor cardiectomy-pneumonectomy, with preparation and maintenance of allograft ~~homograft~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

36 year old man with severe exercise intolerance, cyanosis, peripheral edema. Cardiopulmonary evaluation confirms severe Eisenmenger's Syndrome with cardiac and pulmonary failure. Referred for heart-lung transplantation. (This is not a 90 day global but a single service only.)

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33430 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Part of a family of cardiopulmonary organ procurement codes

**SURVEY DATA:**

Median Intra-Service Time: 200mins Low: 60mins High: 720mins

Median Pre-Service Time: 135mins Median Post-Service Time: 120mins

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT25 CPT Code: 33940 Global Period: XXX

CPT Descriptor: Donor cardiectomy, with preparation and maintenance of allograft ~~homograft~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

48 year old man with severe shortness of breath and signs of cardiac failure. Cardiac catheterization confirms a dilated cardiomyopathy with mild pulmonary hypertension and high left ventricular end-diastolic pressure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33865 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Part of a family of cardiopulmonary organ procurement codes, with this procedure being appropriately valued less than the combined heart-lung organ block procurement (AT24).

**SURVEY DATA:**

Median Intra-Service Time: 180mins Low: 60mins High: 720mins

Median Pre-Service Time: 180mins Median Post-Service Time: 120mins

Length of Hospital Stay: 0.0da

Number & Level of Post-Hospital Visits: 0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT26 CPT Code: •339X1 Global Period: 090

CPT Descriptor: Insertion of intra-aortic balloon assist device through the ascending aorta

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

68 year old man with post-operative cardiac failure after emergency triple coronary artery bypass grafting for severe unstable angina. Insulin-dependent diabetes with severe peripheral vascular disease and aorto-iliac occlusive disease.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33970 | | |
| 33200 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 75mins Low: 15mins High: 600mins

Median Pre-Service Time: 60mins Median Post-Service Time: 210mins

Length of Hospital Stay: 12.0

Number & Level of Post-Hospital Visits: 2

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT27 CPT Code: •339X2 Global Period: 090

CPT Descriptor: Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

68 year old man with post-operative cardiac failure after emergency triple coronary artery bypass grafting for severe unstable angina. Insulin-dependent diabetes with severe peripheral vascular disease and aorto-iliac occlusive disease.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33301 | | |
| 33200 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 120mins Low: 38mins High: 240mins

Median Pre-Service Time: 60mins Median Post-Service Time: 180mins

Length of Hospital Stay: 12.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT28 CPT Code: •339X3 Global Period: 090

CPT Descriptor: Implantation of ventricular assist device; single ventricle support

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

55 year old man with a massive, acute myocardial infarction, s/p triple coronary artery bypass grafting and inability to wean from cardiopulmonary bypass.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33970 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus with the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 135mins Low: 45mins High: 4,320mins

Median Pre-Service Time: 120mins Median Post-Service Time: 720mins

Length of Hospital Stay: 14.0da

Number & Level of Post-Hospital Visits: 3

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT29 CPT Code: ●339X4 Global Period: 090

CPT Descriptor: Implantation of ventricular assist device; biventricular support

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

56 year old woman with history of diabetes and smoking who presents with acute inferior myocardial infarction and suddenly develops severe congestive heart failure on day 3 after infarction. Undergoes emergency double coronary artery bypass grafting and mitral valve replacement for ruptured chordae from the mitral valve. Fails to wean from bypass with biventricular failure. ICU management involves assist device supervision and management, coagulation function management, assessment of degree of device dependence, supervision of pump- head exchange on a daily basis, etc.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33430 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus with the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 240mins Low: 90mins High: 4,320mins

Median Pre-Service Time: 120mins Median Post-Service Time: 780mins

Length of Hospital Stay: 17.5da

Number & Level of Post-Hospital Visits: 2

Other Data:

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT30 CPT Code: •339X5 Global Period: 090

CPT Descriptor: Removal of ventricular assist device; single ventricle support

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

55 year old man with a massive, acute myocardial infarction, s/p triple coronary artery bypass grafting and inability to wean from cardiopulmonary bypass.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33200 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 150mins Low: 60mins High: 360mins

Median Pre-Service Time: 180mins Median Post-Service Time: 540mins

Length of Hospital Stay: 15.0da

Number & Level of Post-Hospital Visits: 3

Other Data:

## AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT31 CPT Code: ●339X6 Global Period: 090

CPT Descriptor: Removal of ventricular assist device; biventricular support

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

56 year old woman with history of diabetes and smoking who presents with acute inferior myocardial infarction and suddenly develops severe congestive heart failure on day 3 after infarction. Undergoes emergency double coronary artery bypass grafting and mitral valve replacement for ruptured chordae from the mitral valve. Fails to wean from bypass with biventricular failure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33200 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SURVEY DATA:

Median Intra-Service Time: 180mins Low: 80mins High: 360mins

Median Pre-Service Time: 180mins Median Post-Service Time: 600mins

Length of Hospital Stay: 14.5da

Number & Level of Post-Hospital Visits: 3

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## CONGENITAL HEART PROCEDURES - TAB 18

The RUC's evaluation of the extensive revisions in CPT codes for congenital heart procedures focused principally on the survey data obtained from the specialty. A survey of 40 surgeons yielded 34 responses (85%), with ratings clustered extremely closely around the survey medians forming the basis for all of these recommendations. Surveyed physicians were selected based on their familiarity with both pediatric and adult cardiac surgery, in part to assure their familiarity with the reference procedures as well as the procedures being rated, since many of the existing pediatric congenital heart procedures have values in the current RVS of 0.00.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | CARDIAC VALVES/AORTIC VALVES | | | |
| | 33400 | Valvuloplasty, aortic valve; open, with cardiopulmonary bypass | | 090 | 23.73 (No Change) |
| AT17 | •33401 | open, with inflow occlusion | new | 090 | 23.00 |
| AT18 | •33403 | using transventricular dilation, with cardiopulmonary bypass | new | 090 | 24.00 |
| | 33404 | Construction of apical-aortic conduit | | 090 | 27.27 (No Change) |
| | 33405 | Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft | revised | 090 | 29.17 (No Change) |
| AT19 | •33406 | with homograft valve (freehand) | new | 090 | 32.00 |
| | 33407 | ~~Valvotomy, aortic valve (commissurotomy); with cardiopulmonary bypass~~<br>(33407 has been deleted. To report, use 33403 | deleted | 090 | N/A |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 33408 | ~~with inflow occlusion~~<br><br>(33408 has been deleted. To report, use 33401) | deleted | 090 | N/A |
| | 33411 | Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp | | 090 | 31.11 (No Change) |
| | 33412 | with transventricular aortic annulus enlargement (Konno procedure) | | 090 | 33.05 (No Change) |
| AT32 | •33413 | by translocation of autologous pulmonary valve with homograft replacement of pulmonary valve (Ross procedure) | new | 090 | 35.00 |
| AT33 | •33414 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract | new | 090 | 30.00 |
| | 33415 | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis | | 090 | 25.63 (No Change) |
| | 33416 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy) | | 090 | 28.89 (No Change) |
| AT34 | 33417 | Aortoplasty (gusset) for supravalvular stenosis | | 090 | 28.00 |
| | | PULMONARY VALVE | | | |
| AT35 | 33470 | Valvotomy, pulmonary valve ~~(commissurotomy)~~; closed heart; ~~(transventricular)~~ | revised | 090 | 20.00 |
| AT36 | •33471 | via pulmonary artery | new | 090 | 21.65 |
| AT37 | 33472 | Valvotomy, pulmonary valve, open~~,~~ heart; with inflow occlusion | revised | 090 | 21.42 |
| | 33474 | ~~open,~~ with cardiopulmonary bypass | revised | 090 | 21.42 (No Change) |
| AT38 | •33475 | Replacement, pulmonary valve | new | 090 | 28.00 |
| AT39 | 33476 | Right ventricular resection for infundibular stenosis, with or without commissurotomy | | 090 | 25.00 |
| AT40 | 33478 | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection | | 090 | 26.00 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | CORONARY ARTERY ANOMALIES | | | |
| | 33500 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardio-pulmonary bypass | | 090 | 24.50 (No Change) |
| | 33501 | without cardio-pulmonary bypass | | 090 | 16.53 (No Change) |
| AT41 | 33502 | Repair of anomalous coronary artery; by ligation | revised | 090 | 20.28 (No Change) |
| AT42 | 33503 | by graft, without cardiopulmonary bypass | revised | 090 | 20.64 (No Change) |
| AT43 | 33504 | by graft, with cardiopulmonary bypass | revised | 090 | 23.73 (No Change) |
| AT44 | •33505 | with construction of intrapulmonary artery tunnel (Takeuchi procedure) | new | 090 | 26.00 |
| AT45 | •33506 | by translocation from pulmonary artery to aorta | new | 090 | 26.00 |
| | | SINGLE VENTRICLE AND OTHER COMPLEX CARDIAC ANOMALIES | | | |
| AT46 | •33600 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch | new | 090 | 29.00 |
| AT47 | •33602 | Closure of semilunar valve (aortic or pulmonary) by suture or patch | new | 090 | 28.00 |
| AT48 | •33606 | Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure) | new | 090 | 30.00 |
| AT49 | •33608 | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery<br><br>(For repair of pulmonary atresia with ventricular septal defect, see 33918, 33919 and 33920) | new | 090 | 30.75 |
| AT50 | •33610 | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of interventricular septal defect | new | 090 | 30.00 |
| AT51 | •33611 | Repair of double outlet right ventricle with intraventricular tunnel repair; | new | 090 | 32.00 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AT52 | •33612 | with repair of right ventricular outflow tract obstruction | new | 090 | 32.85 |
| AT53 | •33615 | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) | new | 090 | 31.25 |
| AT54 | •33617 | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure | new | 090 | 33.00 |
| AT55 | •33619 | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure) | new | 090 | 36.25 |
| | | SEPTAL DEFECT | | | |
| | 33641 | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch | | 090 | 20.42 (No Change) |
| | 33645 | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage | | 090 | 23.33 (No Change) |
| AT56 | 33647 | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure | | 090 | 28.12 |
| | 33649 | ~~Repair of tricuspid atresia (eg, Fontan, Gago procedures)~~<br><br>(33649 has been deleted. To report use 33615) | deleted | 090 | N/A |
| AT57 | 33660 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), ~~patch closure, endocardial cushion defect,~~ with or without ~~repair of mitral and/or tricuspid cleft;~~ atrioventricular valve repair | revised | 090 | 25.00 |
| AT58 | 33665 | Repair of intermediate or transitional atrioventricular canal with or without atrioventricular valve repair ~~with repair of separate ventricular septal defect~~ | revised | 090 | 28.00 |
| AT59 | 33670 | Repair of complete atrioventricular canal, with or without prosthetic valve | | 090 | 32.00 |
| AT60 | 33681 | Closure of ventricular septal defect, with or without patch; | | 090 | 27.00 |
| AT61 | 33684 | with pulmonary valvotomy or infundibular resection (cyanotic) | | 090 | 29.00 |
| AT62 | 33688 | with removal of pulmonary artery band, with or without gusset | | 090 | 30.00 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AT63 | 33690 | Banding of pulmonary artery | | 090 | 18.75 |
| AT64 | 33692 | Complete repair tetralogy of Fallot without pulmonary atresia; | revised | 090 | 30.00 |
| AT65 | 33694 | with transannular patch | | 090 | 31.00 |
| AT66 | 33696 | with closure of previous shunt | | 090 | 30.85 |
| AT67 | •33697 | Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect; | new | 090 | 33.00 |
| AT68 | •33698 | with closure of previous shunt | new | 090 | 34.00 |
| | | SINUS OF VALSALVA | | | |
| AT69 | 33702 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; | | 090 | 26.00 |
| AT70 | 33710 | with repair of ventricular septal defect | | 090 | 29.00 |
| AT71 | 33720 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass | | 090 | 26.00 |
| AT72 | •33722 | Closure of aortico-left ventricular tunnel | new | 090 | 28.00 |
| | | TOTAL ANOMALOUS PULMONARY VENOUS DRAINAGE | | | |
| AT73 | 33730 | Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types) | | 090 | 30.62 |
| AT74 | •33732 | Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane | new | 090 | 27.75 |
| | | SHUNTING PROCEDURES | | | |
| AT75 | 33735 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) | revised | 090 | 20.46 |
| AT76 | •33736 | open heart with cadiopulmonary bypass | new | 090 | 23.00 |
| AT77 | 33737 | open heart, with inflow occlusion | revised | 090 | 21.00 |
| | 33738 | ~~transvenous method, balloon, Rashkind type (includes cardiac catheterization)~~<br>(33738 has been deleted. To report, use 92992) | deleted | 090 | N/A |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 33739 | ~~blade method (Sang Park septostomy) (includes cardiac catheterization)~~<br><br>(33739 has been deleted. To report, use 92993) | deleted | 090 | N/A |
| | •92992 | Atrial septectomy or septostomy; transvenous method, balloon, Rashkind type (includes cardiac catheterization) | new | XXX | No Recommendation |
| | •92993 | blade method (Park septostomy) (includes cardiac catheterization) | new | XXX | No Recommendation |
| AT78 | 33750 | Shunt; subclavian to pulmonary artery (Blalock -Taussig type operation) | | 090 | 20.64 |
| AT79 | 33755 | ascending aorta to pulmonary artery (Waterston type operation) | | 090 | 21.00 |
| AT80 | 33762 | descending aorta to pulmonary artery (Potts-Smith type operation) | | 090 | 21.00 |
| AT81 | 33764 | central, with prosthetic graft | | 090 | 21.10 |
| AT82 | 33766 | superior vena cava to pulmonary artery for flow to one lung (classical Glenn ~~type operation~~ procedure) | revised | 090 | 22.00 |
| AT83 | •33767 | superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) | new | 090 | 24.00 |
| | | TRANSPOSITION OF THE GREAT VESSELS | | | |
| AT84 | •33770 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect | new | 090 | 32.75 |
| AT85 | •33771 | with surgical enlargement of ventricular septal defect | new | 090 | 34.00 |
| AT86 | 33774 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; | | 090 | 30.00 |
| AT87 | 33775 | with removal of pulmonary band | | 090 | 31.25 |
| AT88 | 33776 | with closure of ventricular septal defect | | 090 | 33.00 |
| AT89 | 33777 | with repair of subpulmonic obstruction | | 090 | 32.50 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AT90 | 33778 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); | | 090 | 35.00 |
| AT91 | 33779 | with removal of pulmonary band | | 090 | 35.25 |
| AT92 | 33780 | with closure of ventricular septal defect | | 090 | 36.00 |
| AT93 | 33781 | with repair of subpulmonic obstruction | | 090 | 35.50 |
| | | TRUNCUS ARTERIOSUS | | | |
| AT94 | 33786 | Total repair, truncus arteriosus (Rastelli type operation) | | 090 | 34.00 |
| AT95 | 33788 | Reimplantation of an anomalous pulmonary artery (For pulmonary artery band, see 33690) | | 090 | 26.00 |
| | | AORTIC ANOMALIES | | | |
| | 33800 | Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure) | | 090 | 15.55 (No Change) |
| AT96 | 33802 | Division of aberrant vessel (vascular ring); | | 090 | 17.00 |
| AT97 | 33803 | with reanastomosis | | 090 | 19.00 |
| AT98 | 33813 | Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass | | 090 | 20.00 |
| AT99 | 33814 | with cardiopulmonary bypass | | 090 | 25.00 |
| AT100 | 33820 | Repair of patent ductus arteriosus; by ligation ~~(primary procedure)~~ | revised | 090 | 16.00 |
| AT101 | 33822 | by division, under 18 years | revised | 090 | 17.00 |
| AT102 | 33824 | by division, 18 years and older | revised | 090 | 19.00 |
| | 33830 | ~~ligation or division when performed with another procedure~~<br>(33830 has been deleted. To report, see 33820-33824) | deleted | 090 | N/A |
| AT103 | 33840 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis | | 090 | 20.00 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AT104 | 33845 | with graft | | 090 | 21.50 |
| AT105 | 33851 | repair using either left subclavian artery or prosthetic material as gusset for enlargement | | 090 | 20.50 |
| AT106 | 33852 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass | revised | 090 | 23.00 |
| AT107 | •33853 | with cardiopulmonary bypass | new | 090 | 31.00 |
| | 33855 | ~~repair of hypoplastic left heart syndrome (eg, Norwood type)~~<br><br>(33855 has been deleted. To report, use 33619 | deleted | 090 | N/A |
| | | PULMONARY ARTERY | | | |
| | 33910 | Pulmonary artery embolectomy; with cardiopulmonary bypass | | 090 | 22.39 (No Change) |
| | 33915 | without bypass | | 090 | 19.30 (No Change) |
| | 33916 | Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass | | 090 | 24.76 (No Change) |
| AT108 | •33917 | Repair of pulmonary artery stenosis by reconstruction with patch or graft | new | 090 | 24.00 |
| AT109 | •33918 | Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; without cardiopulmonary bypass | new | 090 | 26.00 |
| AT110 | •33919 | with cardiopulmonary bypass | new | 090 | 31.87 |
| AT111 | •33920 | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery<br><br>(For repair of other complex cardiac anomalies by construction or replacement of right or left ventricle to pulmonary artery conduit, see 33608) | new | 090 | 31.50 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AT112 | •33922 | Transection of pulmonary artery with cardiopulmonary bypass | new | 090 | 23.00 |

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT17 CPT Code: •334X1 Global Period: 090

CPT Descriptor: Valvuloplasty, aortic valve; open, with inflow occlusion

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

One week old child presents with congestive heart failure and cardiomegaly. Echocardiogram shows a 60 mm aortic valve gradient and a thickened bicuspid aortic valve with significant ventricular dysfunction. The child is ventilator dependent and on moderate inotropic support (Dopamine 10 mcg/kg/Min)

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33400 | | |
| 33474 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 420min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT18 CPT Code: •334X2 Global Period: 090

CPT Descriptor: Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

One week old child presents with congestive heart failure and cardiomegaly. Echocardiogram shows a 60 mm gradient with significant ventricular dysfunction. The child is ventilator dependent and on moderate inotropic support (Dopamine 10 mcg/kg/Min)

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33400 | | |
| 33474 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 480min

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT19 CPT Code: •334X3 Global Period: 090

CPT Descriptor: Replacement, aortic valve, with cardiopulmonary bypass; with homograft valve (freehand)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

19 year old female with shortness of breath on exertion, status post aortic valvotomy at age 3. Catheterization demonstrates aortic stenosis and regurgitation with pressure and volume overload of the left ventricle. Aortic root size is small, measuring less than 20 mm.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33411 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 285min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 360

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT32 CPT Code: •334X4 Global Period: 090

CPT Descriptor: Replacement, aortic valve; by translocation of autologous pulmonary valve with homograft replacement of pulmonary valve (Ross procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4-year old boy presents with cardiomegaly and a prominent thrill over the precordium. Echocardiogram and catheterization demonstrate severe left ventricular outflow tract obstruction at both the subvalvar and valvar levels. The outflow gradient is 90 mmHg.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33405 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Related to AT19, but represents more work with an extra valve replacement.

**SURVEY DATA:**

Median Intra-Service Time: 360min Low: 240min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 390min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT33 CPT Code: •334X5 Global Period: 090

CPT Descriptor: Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Five year old child presents with a systolic murmur and palpable thrill and on echocardiogram and catheterization has evidence for severe subvalvar aortic obstruction which is due to a combination of fibrous obstruction and a long subvalvar tunnel. The aortic valve annulus is normal size and the aortic valve functions normally.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33416 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Compared to Reference Code CPT 33412, this procedure was overvalued in survey.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 180min High: 390min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT34 CPT Code: 33417 Global Period: 090

CPT Descriptor: Aortoplasty (gusset) for supravalvular stenosis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-year old child presents with a systolic murmur and a thrill in the suprasternal area. Echocardiogram and catheterization show a 70 mm gradient and a supravalvar ridge just above the commissures of the aortic valve.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33400 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 240min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT35 CPT Code: 33470 Global Period: 090

CPT Descriptor: Valvotomy, pulmonary valve ~~(commissurotomy);~~ closed heart; ~~(~~transventricular~~)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A two-week old child presents with cyanosis and a cardiac murmur. Echocardiogram and/or catheterization show a gradient of 60 mmHg with a markedly hypertrophied right ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33474 | | |
| 33400 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 120min High: 300min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT36 CPT Code: •334X1 Global Period: 090

CPT Descriptor: Valvotomy, pulmonary valve closed heart; via pulmonary artery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A two-week old child presents with cyanosis and a cardiac murmur. Echocardiogram and/or catheterization show a gradient of 60 mmHg with a markedly hypertrophied right ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33474 | | |
| 33400 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 180min Low: 60min High: 300min

Median Pre-Service Time: 120min Median Post-Service Time: 240min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT37 CPT Code: 33472 Global Period: 090

CPT Descriptor: Valvotomy, pulmonary valve, open, heart; with inflow occlusion

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A two-week old child presents with cyanosis and a cardiac murmur. Echocardiogram and/or catheterization show a gradient of 60 mmHg with a markedly hypertrophied right ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33474 | | |
| 33915 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 165min Low: 120min High: 300min

Median Pre-Service Time: 120min Median Post-Service Time: 300 min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT38 CPT Code: ●334X2 Global Period: 090

CPT Descriptor: Replacement, pulmonary valve

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An 18-year old patient who underwent repair of tetralogy of Fallot at age 1 with a transannular patch presents with signs of right heart failure (ankle edema and a right pleural effusion). Catheterization demonstrates free pulmonary valvar regurgitation with a dilated right ventricle and a right atrial pressure of 20 mmHg. There is no residual ventricular septal defect or distal pulmonary artery stenoses.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33411 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Vignette indicated a complex reoperation (the usual clinical situation). RUC Advisory thought the procedure seemed overvalued in relation to CPT 33405.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 80min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT39 CPT Code: 33476 Global Period: 090

CPT Descriptor: Right ventricular resection for infundibular stenosis, with or without commissurotomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 10-year old child presents with a systolic murmur. Echocardiogram and angiograms demonstrate a right ventricle to pulmonary artery pressure gradient of 85 mmHg due to isolated infundibular and pulmonary valvar stenosis.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33474 | | |
| 33415 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 225min Low: 120min High: 330min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 6.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT40 CPT Code: 33478 Global Period: 090

CPT Descriptor: Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 10-year old child presents with a systolic murmur. Echocardiogram and angiograms demonstrate isolated infundibular and pulmonary valvar stenosis with a right ventricle to pulmonary artery pressure gradient of 85 mmHg.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33474 | | |
| 33415 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 330min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT41 CPT Code: 33502 Global Period: 090

CPT Descriptor: Repair of anomalous coronary artery; by ligation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3 month old child presents with tachypnea and poor feeding and has marked cardiomegaly on chest x-ray. An electrocardiogram shows deep Q waves in the left precordial leads. Echocardiogram demonstrates a poorly contractile left ventricle and anomalous origin of the left coronary from the pulmonary artery. Catheterization demonstrates a left ventricular end diastolic pressure of 25 mmHg and retrograde flow from the left coronary into the pulmonary artery.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33502 | | |
| 33501 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey median recommendation came out exactly the same as existing value!

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 300min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0da

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT42 CPT Code: 33503 Global Period: 090

CPT Descriptor: Repair of anomalous coronary artery; by graft, without cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3 month old child presents with tachypnea and poor feeding and has marked cardiomegaly on chest x-ray with an electrocardiogram showing deep Q waves in the left precordial leads. Echocardiogram demonstrates a poorly contractile left ventricle and anomalous origin of the left coronary from the pulmonary artery. Catheterization demonstrates similar findings with a left ventricular end diastolic pressures of 25 mmHg and retrograde flow from the left coronary into the pulmonary artery.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33504 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Based on existing CPT Code 33503. Our RUC Advisory Group attempted to rank this procedure in a family of related codes and thus thought the RVW more closely approximated the value in the 25th percentile RVW/Reference Service codes than it did the median RVW.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 390min

Median Pre-Service Time: 120min Median Post-Service Time: 420min

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT43 CPT Code: 33504 Global Period: 090

CPT Descriptor: Repair of anomalous coronary artery; by graft, with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3 month old child presents with tachypnea and poor feeding and has marked cardiomegaly on chest x-ray with an electrocardiogram showing deep Q waves in the left precordial leads. Echocardiogram demonstrates a poorly contractile left ventricle and anomalous origin of the left coronary from the pulmonary artery. Catheterization demonstrates similar findings with a left ventricular end diastolic pressures of 25 mmHg and retrograde flow from the left coronary into the pulmonary artery.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33512 | | |
| 33504 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

RUC Advisory Group recommended same RVW as existing value for Reference CPT Code 33504.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 390min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT44 CPT Code: •335X1 Global Period: 090

CPT Descriptor: Repair of anomalous coronary artery; with construction of intrapulmonary artery tunnel (Takeuchi procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3 month old child presents with tachypnea and poor feeding and has marked cardiomegaly on chest x-ray with an electrocardiogram showing deep Q waves in the left precordial leads. Echocardiogram demonstrates a poorly contractile left ventricle and anomalous origin of the left coronary from the pulmonary artery. Catheterization demonstrates similar findings with a left ventricular end diastolic pressures of 25 mmHg and retrograde flow from the left coronary into the pulmonary artery.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33504 | | |
| 33512 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This code is rank ordered in a related family of codes (Tracking Nos. AT41-43).

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 315min

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT45 CPT Code: •335X2 Global Period: 090

CPT Descriptor: Repair of anomalous coronary artery; by translocation from pulmonary artery to aorta

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3 month old child presents with tachypnea and poor feeding and has marked cardiomegaly on chest x-ray with an electrocardiogram showing deep Q waves in the left precordial leads. Echocardiogram demonstrates a poorly contractile left ventricle and anomalous origin of the left coronary from the pulmonary artery. Catheterization demonstrates similar findings with a left ventricular end diastolic pressures of 25 mmHg and retrograde flow from the left coronary into the pulmonary artery.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33504 | | |
| 33512 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

See comment for AT44

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT46 CPT Code: •33XX1 Global Period: 090

CPT Descriptor: Closure of atrioventricular valve (mitral or tricuspid) by suture or patch

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-year old child with double inlet single ventricle was noted in follow-up to have a new systolic murmur. Echocardiography and catheterization demonstrate severe regurgitation at the atrioventricular valve level. Atrial and pulmonary artery pressures are both elevated.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33430 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 8.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT47 CPT Code: •33XX2 Global Period: 090

CPT Descriptor: Closure of semilunar valve (aortic or pulmonary) by suture or patch

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-year old child with single ventricle and subaortic stenosis has previously undergone a pulmonary artery to aortic anastomosis. There is evidence of increasing heart failure and catheterization and echocardiogram demonstrate 3+ regurgitation of the original aortic valve.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33400 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 8.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT48 CPT Code: •33XX3 Global Period: 090

CPT Descriptor: Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 9 month old child with double inlet single ventricle had a previous pulmonary artery banding procedure and in follow-up has developed echocardiographic and catheterization evidence for a 60 mm gradient from the single ventricle to the aorta with marked hypertrophy of the single ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33412 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 285min Low: 180min High: 420min

Median Pre-Service Time: 135min Median Post-Service Time: 360min

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT49 CPT Code: •33XX4 Global Period: 090

CPT Descriptor: Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery

(For repair of pulmonary atresia with ventricular septal defect, see 33918 and 33920)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 9-year old child has previously undergone repair of corrected transposition (L-TGA) with ventricular septal defect and pulmonary atresia including placement of a conduit from the pulmonary ventricle to the pulmonary artery. There has been an increasingly loud murmur and catheterization demonstrates a 70 mm gradient from the pulmonary ventricle to the pulmonary arteries which appears to be due to obstruction within the conduit.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33404 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT50 CPT Code: •33XX5 Global Period: 090

CPT Descriptor: Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of interventricular septal defect

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6 week old child presents with congestive heart failure and is found to have double inlet single ventricle and transposition of the great arteries. There is a restrictive interventricular communication resulting in a 45 mm gradient between the single ventricle and the ascending aorta. Angiographically the ventricular septal defect appears to be approximately 40% of the size of the aortic annulus.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33416 | | |
| 33405 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 150min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT51 CPT Code: •33XX6 Global Period: 090

CPT Descriptor: Repair of double outlet right ventricle with intraventricular tunnel repair;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4 month old child presents with congestive heart failure and is found by echocardiogram and catheterization to have double outlet right ventricle with no restriction to pulmonary blood flow and a large subaortic interventricular communication. Catheterization shows a 3:1 pulmonary to systemic flow ratio and systemic level pulmonary artery pressures.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33416 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 255min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT52 CPT Code: •33XX7 Global Period: 090

CPT Descriptor: Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 7 month old child presents with increasing cyanosis. On echocardiogram and catheterization the child is found to have double outlet right ventricle with subpulmonary and pulmonary valvar stenosis. Aortic saturation is 75%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33405 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 8.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT53 CPT Code: ●33XX8 Global Period: 090

CPT Descriptor: Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4-year old child presents with cyanosis and is found by echocardiogram and catheterization to have tricuspid atresia with normally related greated vessels and a restrictive ventricular septal defect. Pulmonary artery pressure is 12mmHg and pulmonary artery architecture is suitable for a Fontan operation. Ventricular function is normal.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33412 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 450min

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 2.5

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT54 CPT Code: •33XX9 Global Period: 090

CPT Descriptor: Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-year old child with double inlet single ventricle with left atrioventricular valve stenosis and a persistent left superior vena cava draining to the coronary sinus has increasing cyanosis. The arterial saturation is 78% and the Hct is 52%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 300min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 540min

Length of Hospital Stay: 12.0da

Number & Level of Post-Hospital Visits: 3.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT55 CPT Code: •33X10 Global Period: 090

CPT Descriptor: Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A child presents in the newborn period with cyanosis and tachypnea. Echocardiogram shows single ventricle with left atrioventricular valve atresia and severe subaortic and aortic valvar stenosis. The ductus arteriosus is patent and there is coarctation of the aorta with hypoplasia of the ascending aorta and aortic arch.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 600min

Length of Hospital Stay: 14.0da

Number & Level of Post-Hospital Visits: 4.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT56 CPT Code: 33647 Global Period: 090

CPT Descriptor: Repair of atrial septal defect and ventricular septal defect, with direct or patch closure

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4-month old child presents with tachypnea, cardiomegaly, and failure to thrive despite medical management with Digoxin and diuretics. Echocardiogram shows a large ventricular septal defect and atrial septal defect and catheterization demonstrates a greater than 3:1 pulmonary to systemic flow ratio.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT57 CPT Code: 33600 Global Period: 090
CPT Descriptor: Closure of atrioventricular valve (mitral or tricuspid) by suture or patch

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4-year old child presents with echocardiographic evidence of a primum atrial septal defect and a chest x-ray showing increased pulmonary blood flow. On echocardiogram there is also mild atrioventricular valve regurgitation through a cleft in the left atrioventricular valve.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 195min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 240min

Length of Hospital Stay: 6.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT58 CPT Code: 33665 Global Period: 090

CPT Descriptor: Repair of intermediate or transitional atrioventricular canal with or without atrioventricular valve repair ~~with repair of separate ventricular septal defect~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-year old child presents with a systolic murmur and cardiomegaly and evaluation demonstrates a large primum atrial septal defect, a cleft in the left atrioventricular valve and a moderate sized ventricular septal defect jet under the anterior leaflet of the atrioventricular valve. Catheterization confirms these findings and demonstrates normal pulmonary artery pressure and a total pulmonary to systemic flow ratio of 2.8:1.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT59 CPT Code: 33670 Global Period: 090

CPT Descriptor: Repair of complete atrioventricular canal, with or without prosthetic valve

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 5 month old child presents with tachypnea and failure to thrive. An echocardiogram shows a complete atrioventricular canal defect with moderate left atrioventricular valve regurgitation. The catheterization demonstrates systemic level pulmonary artery pressures and a pulmonary to systemic flow ratio of 3.8:1.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33430 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 9da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT60 CPT Code: 33681 Global Period: 090

CPT Descriptor: Closure of ventricular septal defect, with or without patch;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A child presents at 12 months of age with a systolic murmur and cardiomegaly. Echocardiogram and catheterization showed a ventricular septal defect with a single ventricular septal defect and a pulmonary to systemic flow ratio of 2.4:1 with a pulmonary artery pressure which is 50% of systemic.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 225min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 240min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT61 CPT Code: 33684 Global Period: 090

CPT Descriptor: with pulmonary valvotomy or infundibular resection (cyanotic)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-year old child presents with a cardiac murmur and mild cyanosis. Echocardiogram and catheterization demonstrate a perimembranous ventricular septal defect with obstructing right ventricular muscle bundles in the right ventricle (double-chambered right ventricle). Aortic saturation is 85%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 150min High: 390min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT62 CPT Code: 33688 Global Period: 090

CPT Descriptor: with removal of pulmonary artery band, with or without gusset

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-year old child underwent pulmonary artery banding at 6 weeks of age for a large perimembranous ventricular septal defect. The child presents for elective repair with systemic level right ventricular pressures and a net left to right shunt of 1.9:1. There is some distortion of the branch origins of the right and left pulmonary arteries from the band.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33402 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 270min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT63 CPT Code: 33690 Global Period: 090

CPT Descriptor: Banding of pulmonary artery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-week old child presents with tachypnea and chest x-ray shows cardiomegaly and increased pulmonary blood flow. Echocardiogram shows multiple ventricular septal defects.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33320 | | |
| 33502 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 120min Low: 60min High: 240min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Specialty Society(s): Society of Thoracic Surgeons/American Association for Thoracic Surgery

Presenter(s) at RUC Meeting: John Mayer, M.D.

Tracking Number: AT64 CPT Code: 33692 Global Period: 090 ***Recommended RVW:*** **30.00**

CPT Descriptor: Complete repair tetralogy of Fallot without pulmonary atresia;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 10-month old child presents with increasing cyanosis and a history of a hypercyanotic spell. Echocardiogram shows tetralogy of Fallot with pulmonary valvar stenosis and infundibular stenosis but a relatively good sized pulmonary annulus. Aortic saturation is 80%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of related codes described in AT-64-68. The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 390min Low: 180min High: 390min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 8da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT65 CPT Code: 33694 Global Period: 090

CPT Descriptor: Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 7-month old child presents with cyanosis and a history of a hypercyanotic spell. Echocardiogram and catheterization demonstrate a single ventricular septal defect with significant hypoplasia of the infundibulum and pulmonary valve annulus with a somewhat hypoplastic main pulmonary artery. The aortic saturation is 75%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33415 | | |
| 33416 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of related codes described in AT-64-68. The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 270min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 8.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT66 CPT Code: 33696 Global Period: 090

CPT Descriptor: Complete repair tetralogy of Fallot without pulmonary atresia; with closure of previous shunt

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-year old child with a known diagnosis of tetralogy of Fallot has had a previous right Blalock-Taussig shunt in infancy. The aortic saturation is 86% and echocardiogram and catheterization show a single ventricular septal defect and right ventricular outflow tract obstruction at the valvar and infundibular level.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33416 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of related codes described in AT-64-68. The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 270min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 8.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT67 CPT Code: •336X1 Global Period: 090

CPT Descriptor: Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A newborn child presents with a murmur and cyanosis. By echocardiogram the child has tetralogy of Fallot with pulmonary atresia and a patent ductus arteriosus. The branch pulmonary arteries are good sized, and there is a single ventricular septal defect.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33405 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of related codes described in AT-64-68. The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 10.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT68 CPT Code: •336X2 Global Period: 090

CPT Descriptor: Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect; with closure of previous shunt

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-year old child is carrying the diagnosis of tetralogy of Fallot with pulmonary atresia and underwent a Blalock-Taussig shunt in the newborn period. The arterial saturation is 80% and the branch pulmonary arteries are good sized and in continuity.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33405 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of related codes described in AT-64-68. The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 180min High: 540min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT69 CPT Code: 33702 Global Period: 090

CPT Descriptor: Repair sinus of Valsalva fistula, with cardiopulmonary bypass;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-year old child presents with a continuous murmur and signs of congestive heart failure. Echocardiogram and catheterization demonstrate a fistulus communication between the aortic root and the right ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 270min

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT70 CPT Code: 33710 Global Period: 090

CPT Descriptor: Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-month old child presents with a continuous murmur and symptoms of heart failure. Echocardiogram and catheterization demonstrate perimembranous ventricular septal defect and a fistula from the aortic root to the right ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 240min Low: 150min High: 390min

Median Pre-Service Time: 120min Median Post-Service Time: 270min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT71 CPT Code: 33720 Global Period: 090

CPT Descriptor: Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An asymptomatic 5 year old child is evaluated for a heart murmur and is found on echocardiography to have a 3mm fistulous communication between the aortic root and the right atrium.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210min Low: 120min High: 402min

Median Pre-Service Time: 120min Median Post-Service Time: 240min

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT72 CPT Code: ●337X1 Global Period: 090

CPT Descriptor: Closure of aortico-left ventricular tunnel

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 9-month old child presents with cardiomegaly and symptoms of congestive heart failure. Echocardiogram and angiography demonstrate an aortic-left ventricular tunnel with left ventricular volume overload.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33405 | | |
| 33500 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT73 CPT Code: 33730 Global Period: 090

CPT Descriptor: Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2 week old child presents with tachypnea and cardiomegaly and an echocardiogram demonstrates supracardiac total anomalous pulmonary venous connection to a left vertical vein.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33645 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 390min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AT74 CPT Code: •337X1 Global Period: 090

CPT Descriptor: Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-week old child presents with tachypnea and an echocardiogram and catheterization demonstrate a left atrial membrane between a chamber which receives the pulmonary veins and the left atrium.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33430 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210min Low: 150min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT75 CPT Code: 33735 Global Period: 090

CPT Descriptor: Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A one week old child with transposition of the great arteries remains persistently cyanotic (aortic saturation = 59%) after a balloon atrial septostomy.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33503 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 60min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 360min
Length of Hospital Stay: 8da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT76 CPT Code: •337X1 Global Period: 090

CPT Descriptor: Atrial septectomy or septostomy; open hear with cadiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2 month old child with double inlet single ventricle and left atrioventricular valve stenosis has an intact atrial septum by echocardiogram and presents with increasing cyanosis. Catheterization demonstrates 3/4 systemic pulmonary artery pressures and a left atrial pressure of 25 mmHg with a 1.5mm atrial septal communication.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33400 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 330min
Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT77 CPT Code: 33737 Global Period: 090

CPT Descriptor: Atrial septectomy or septostomy; open heart, with inflow occlusion

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A one year old child presents with increasing cyanosis and echocardiogram and catheterization demonstrate double inlet single ventricle with left atrioventricular valve stenosis, a 2.5mm atrial septal defect, and a left atrial pressure of 20 mmHg.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33300 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 300min

Median Pre-Service Time: 120min Median Post-Service Time: 240min
Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT78 CPT Code: 33750 Global Period: 090

CPT Descriptor: Shunt; subclavian to pulmonary artery (Blalock -Taussig type operation)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A two-week old child presents with cyanosis and is found by catheterization and echocardiogram to have single ventricle with pulmonary stenosis. Arterial saturation is 70%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33502 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 360min
Median Pre-Service Time: 120min Median Post-Service Time: 300min
Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT79 CPT Code: 33755 Global Period: 090

CPT Descriptor: Shunt; ascending aorta to pulmonary artery (Waterston type operation)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A two-week old child presents with cyanosis and is found by catheterization and echocardiogram to have single ventricle with pulmonary stenosis. Arterial saturation is 70%

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 240

Median Pre-Service Time: 120min Median Post-Service Time: 300min
Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT80 CPT Code: 33762 Global Period: 090

CPT Descriptor: Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A two-week old child presents with cyanosis and is found by catheterization and echocardiogram to have single ventricle with pulmonary stenosis. Arterial saturation is 70%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT81 CPT Code: 33764 Global Period: 090

CPT Descriptor: Shunt; central, with prosthetic graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-week old child presents with cyanosis and catheterization and angiography demonstrate with tetralogy of Fallot with pulmonary atresia with diminutive central pulmonary arteries (2.5 mm).

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT82 CPT Code: 33766 Global Period: 090

CPT Descriptor: Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn ~~type operation~~ procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-year old child is known to have single ventricle and has previously undergone a central aortopulmonary shunt. There is pulmonary hypertension in the left lung with a long segment stenosis in the central right pulmonary artery. The distal right pulmonary arteries of good size with low pressure, but there is evidence for pulmonary vascular disease in the left lung. Aortic saturation is 70%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 90min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT83 CPT Code: •337X2 Global Period: 090

CPT Descriptor: Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 9-month old child with double inlet single ventricle and pulmonary stenosis has previously undergone a Blalock-Taussig shunt and presents with increasing cyanosis and somewhat depressed ventricular function. Branch pulmonary arteries are of good caliber and aortic saturation is 70%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33504 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT84 CPT Code: •337X1 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A child is referred at 10 months of age with increasing cyanosis. Evaluation by echocardiogram and catheterization demonstrates transposition of the great arteries with a large ventricular septal defect, a small pulmonary annulus and bicuspid pulmonary valve, and an arterial saturation of 75%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 420min

Length of Hospital Stay: 9da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT85 CPT Code: •337X2 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect

Clinical Description of Service (including prè-, intra- and post-service work, and typical patient):

A 10-month old child was referred with increasing cyanosis and catheterization and echocardiography reveal transposition of the great arteries with a relatively small ventricular septal defect and subpulmonary and pulmonary valvar stenosis with a pulmonary annulus which is 1/3 the size of the aortic annulus. There is a 30 mm pressure gradient between the left ventricle and right ventricle.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 150min Median Post-Service Time: 360min
Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT86 CPT Code: 33774 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-month old child is referred with increasing cyanosis having had a balloon atrial septostomy in the newborn period for transposition of the great arteries with intact ventricular septum. Arterial saturation is 70% with a hematocrit of 50%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Our RUC Advisory Group thought the median RVU was too high relative to AT90, which is in the same family of codes, and thus recommended the 25th percentile median.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 390min
Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT87 CPT Code: 33775 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with removal of pulmonary band

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A child is referred with increasing cyanosis after a pulmonary artery banding operation early in life for transposition with ventricular septal defect. By surgeons preference an atrial level repair with VSD closure and removal of the pulmonary artery band is to be undertaken.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Same comment as AT86

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 360min
Length of Hospital Stay: 8.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT88 CPT Code: 33776 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A child presents with cyanosis and a murmur and is found by catheterization and echocardiogram to have transposition of the great arteries with the ventricular septal defect. Aortic saturation is 85% and there is evidence of increasing pulmonary blood flow by chest x-ray. An atrial level repair and VSD closure is chosen by the surgeon's preference.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 540min

Median Pre-Service Time: 120min Median Post-Service Time: 420min
Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT89 CPT Code: 33777 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 10-month old child is referred because of increasing cyanosis and the diagnosis by catheterization and echocardiographic evaluation is transposition of the great arteries with a muscular subpulmonary obstruction. The left ventricular pressure is 3/4 of systemic and the arterial saturation is 70% with the hematocrit of 50%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 540min

Median Pre-Service Time: 120min Median Post-Service Time: 420min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT90 CPT Code: 33778 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A newborn child presents on the first day of life with cyanosis. An echocardiogram and catheterization demonstrate transposition of the great arteries with intact ventricular septum. A balloon atrial septostomy is performed and the child is maintained on mechanical ventilation with Prostaglandin infusion to provide adequate oxygenation.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (AT90-93). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 150min High: 480

Median Pre-Service Time: 120min Median Post-Service Time: 450min
Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT91 CPT Code: 33779 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 9 month old child presents for operation with a diagnosis of transposition of the great arteries with intact ventricular septum. A pulmonary artery band has previously been placed to prepare the left ventricle and catheterization now shows systemic left ventricular pressure. The arterial saturation is 75%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (AT90-93). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 600min

Median Pre-Service Time: 120min Median Post-Service Time: 450min
Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT92 CPT Code: 33780 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4-week old child presents with symptoms of congestive heart failure and cyanosis and evaluation demonstrates transposition of the great arteries with a large perimembranous ventricular septal defect. A balloon atrial septostomy is carried out and the child has arterial saturations after septostomy of 85%.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (AT90-93). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 480min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT93 CPT Code: 33781 Global Period: 090

CPT Descriptor: Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-month old child with transposition of the great arteries and prior balloon atrial septostomy has been followed clinically because of left ventricular outflow tract obstruction. He has had arterial saturations in the mid 70% range and echocardiogram and catheterization demonstrate a fibrous ridge in the left ventricular outflow tract 5 mm below the pulmonary valve. Left ventricular pressure is systemic with normal distal pulmonary artery pressures.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (AT90-93). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 480min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT94 CPT Code: 33786 Global Period: 090

CPT Descriptor: Total repair, truncus arteriosus (Rastelli type operation)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-week old child is referred after presenting with tachypnea and failure to thrive. Evaluation by echocardiogram and catheterization demonstrates truncus arteriosus with a single ventricular septal defect and origin of the right and left pulmonary arteries from the truncal root. There is mild truncal valve stenosis (20 mm gradient) without regurgitation, and the pulmonary to systemic flow ratio 5:1.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33404 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 300min Low: 210min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 480min
Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT95 CPT Code: 33788 Global Period: 090

CPT Descriptor: Reimplantation of an anomalous pulmonary artery

(For pulmonary artery band, see 33960)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-month old child presents with a systolic murmur and tachypnea and echocardiogram and catheterization demonstrate anomalous origin of the right pulmonary artery from the ascending aorta with normal origin of the left pulmonary artery from the main pulmonary artery. There is systemic pressure in both the right and the left pulmonary arteries and the child shows evidence of left-sided volume overload.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33504 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 240min Low: 120min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 330min
Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT96 CPT Code: 33802 Global Period: 090

CPT Descriptor: Division of aberrant vessel (vascular ring);

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4-month old child presents with a history of recurrent respiratory difficulties with stridor. Barium swallow shows posterior indentation of the esophagus and an echocardiogram shows a double aortic arch with atresia of the anterior arch between the left subclavian artery and the descending aorta.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33800 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 150min Low: 60min High: 300min

Median Pre-Service Time: 105min Median Post-Service Time: 240min

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT97 CPT Code: 33803 Global Period: 090

CPT Descriptor: Division of aberrant vessel (vascular ring); with reanastomosis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-month old child presents with a history of stridor and evaluation by barium swallow shows posterior indentation of the esophagus. An echocardiogram shows double aortic arch with both arches patent and of approximately equal size.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33800 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 180min Low: 120min High: 270min

Median Pre-Service Time: 105min Median Post-Service Time: 270min

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT98 CPT Code: 33813 Global Period: 090

CPT Descriptor: Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 1-year old child is referred after a continuous murmur is detected on routine physical examination. Echocardiographic evaluation demonstrates a 5 mm aortopulmonary window with a 70 mm gradient between the aorta and pulmonary artery.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33502 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This one of two related codes (Tracking Nos. AT 98-99). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 180min Low: 90min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 240min
Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT99 CPT Code: 33814 Global Period: 090

CPT Descriptor: Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-week old child presents with tachypnea and failure to thrive and on chest x-ray has cardiomegaly with increased pulmonary blood flow. Echocardiogram demonstrates a 1 cm aortopulmonary defect and catheterization shows systemic level pulmonary artery pressures with a pulmonary to systemic flow ratio of 4:1.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33500 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This one of two related codes (Tracking Nos. AT 98-99). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min
Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT100 CPT Code: 33820 Global Period: 090

CPT Descriptor: Repair of patent ductus arteriosus; by ligation ~~(primary procedure)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3-year old child is noted to have a continuous murmur on routine physical examination. Echocardiographic examination shows a moderate sized patent ductus arteriosus with left atrial enlargement.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33800 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). It has the lowest work value in this group of congenital heart surgery codes. Median is recommended. Work relates closely to CPT 33800.

**SURVEY DATA:**

Median Intra-Service Time: 120min Low: 45min High: 240min

Median Pre-Service Time: 90min Median Post-Service Time: 180min

Length of Hospital Stay: 4da

Number & Level of Post-Hospital Visits: 1.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT101 CPT Code: 33822 Global Period: 090

CPT Descriptor: Repair of patent ductus arteriosus; by division, under 18 years

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2-month old child is noted to have tachypnea and chest x-ray shows increased pulmonary blood flow. Echocardiogram demonstrates a large patent ductus arteriosus with significant left atrial enlargement.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33820 | | |
| 33320 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 120min Low: 60min High: 270min

Median Pre-Service Time: 90min Median Post-Service Time: 180min
Length of Hospital Stay: 4da

Number & Level of Post-Hospital Visits: 1.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT102 CPT Code: 33824 Global Period: 090

CPT Descriptor: Repair of patent ductus arteriosus; by division, 18 years and older

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 25-year old man is referred for evaluation of a continuous murmur. Catheterization demonstrates a 15 mm ductus arteriosus with normal pulmonary artery pressures and a pulmonary to systemic flow ratio of 2.4:1.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33320 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 180min Low: 90min High: 300min

Median Pre-Service Time: 105min Median Post-Service Time: 240min

Length of Hospital Stay: 5da

Number & Level of Post-Hospital Visits: 1.5

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT103 CPT Code: 33840 Global Period: 090

CPT Descriptor: Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6-month old child is noted to have hypertension on routine physical examination and decreased femoral pulses are noted. Echocardiogram confirms the presence of a coarctation with no other associated cardiac anomalies.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33503 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 120min High: 300min

Median Pre-Service Time: 105min Median Post-Service Time: 240min

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT104 CPT Code: 33845 Global Period: 090

CPT Descriptor: Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 16-year old boy was found to have hypertension with decreased femoral pulses. Evaluation demonstrates a long segment of isthmic narrowing by angiography with large intercostal collateral vessels entering the descending aorta below the coarctation site.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33320 | | |
| 33503 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 300min

Length of Hospital Stay: 6da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT105 CPT Code: 33851 Global Period: 090

CPT Descriptor: Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A child presents at one week of age with reduced femoral pulses, tachypnea, and cardiomegaly. Evaluation by echocardiogram shows an isolated severe coarctation of the aorta.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33502 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is part of a family of codes (Tracking Nos. AT 96-97 and AT 100-105). The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 180min Low: 120min High: 360min

Median Pre-Service Time: 120min Median Post-Service Time: 240min

Length of Hospital Stay: 6.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT106 CPT Code: 33852 Global Period: 090

CPT Descriptor: Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A newborn child presents with acidosis and decreased perfusion to the lower extremities. After resuscitation with prostaglandin E1 and inotropic support, an echocardiogram demonstrates a type A interruption of the aortic arch with a patent ductus arteriosus.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33503 | | |
| 33502 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 210min Low: 120min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 270min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT107 CPT Code: •338X1 Global Period: 090

CPT Descriptor: Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Newborn child is noted on the third day of life to have decreased femoral pulses and to be tachypneic. Metabolic acidosis is found and the child is resuscitated with prostaglandin E1 and inotropic support. Echocardiogram shows a type B interruption with an associated ventricular septal defect and atrial septal defect.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 180min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT108 CPT Code: •339X1 Global Period: 090

CPT Descriptor: Repair of pulmonary artery stenosis by reconstruction with patch or graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 4 year old child has had a prior Blalock-Taussig shunt for tetralogy of Fallot, and then underwent repair. A follow-up catheterization shows a focal stenosis in the right pulmonary artery at the old shunt site with a right ventricular pressure of 75% of systemic with no residual VSD or other pulmonary artery stenoses.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33641 | | |
| 33645 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 480min

Median Pre-Service Time: 120min Median Post-Service Time: 300min
Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT109 CPT Code: •339X2 Global Period: 090

CPT Descriptor: Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; without cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 3 month old child presents with cyanosis and is found to have tetralogy of Fallot with pulmonary atresia, diminutive central pulmonary arteries, and several large aorto-pulmonary collaterals which supply over 50% of the lung mass.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33320 | | |
| 33503 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 240min Low: 120min High: 420min

Median Pre-Service Time: 120min Median Post-Service Time: 360min
Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT110 CPT Code: •339X3 Global Period: 090

CPT Descriptor: Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 6 month old child is referred with cyanosis and echocardiogram and catheterization show tetralogy of Fallot with pulmonary atresia. The central pulmonary arteries are discontinuous, and the blood supply to the left lung comes from a ductus like collateral vessel. The right lung is supplied by three large collateral vessels arising from the descending aorta.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33504 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 300min Low: 180min High: 600min

Median Pre-Service Time: 120min Median Post-Service Time: 360min

Length of Hospital Stay: 10da

Number & Level of Post-Hospital Visits: 2.5

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT111 CPT Code: •339X4 Global Period: 090

CPT Descriptor: Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery

(For repair of other complex cardiac anomalies by construction or replacement of right or left ventricle to pulmonary artery conduit, see 33608)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 7 year old child has had a prior repair of tetralogy of Fallot with pulmonary atresia using a prosthetic conduit. Follow-up catheterization shows a right ventricular pressure of 120mmHg, and angiography shows all of the obstruction to be due to the small size of the conduit.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33412 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

**SURVEY DATA:**

Median Intra-Service Time: 270min Low: 180min High: 600min

Median Pre-Service Time: 120min Median Post-Service Time: 330min

Length of Hospital Stay: 7.5da

Number & Level of Post-Hospital Visits: 2.0

Other Data: _____

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION**

Tracking Number: AT112 CPT Code: •339X5 Global Period: 090

CPT Descriptor: Transection of pulmonary artery with cardiopulmonary bypass

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 2 month old child with single ventricle and unrestricted pulmonary blood flow has had a prior pulmonary artery banding operation. There is persistent congestive heart failure despite what appears to be a tight band by angiography.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 33474 | | |
| 33641 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The results of our survey produced a set of tightly grouped data where the differential between the 25th and 75th percentiles was not great. Thus, we felt the median value proposed indicated a strong consensus within the profession of the correct work valuation for this code.

SURVEY DATA:

Median Intra-Service Time: 195min Low: 120min High: 300min

Median Pre-Service Time: 120min Median Post-Service Time: 240min

Length of Hospital Stay: 7da

Number & Level of Post-Hospital Visits: 2.0

Other Data:

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| **Abdominal Orchiopexy** | | | | | |
| | | The revision in the descriptor for code 54640 was considered to be editorial only, so no change is recommended from the current RVW of 6.71. The abdominal approach is considerably more complex because it involves extensive abdominal surgery in addition to the orchiopexy. The survey process involved both pediatric surgeons and urologists. The recommendation reflects greater weight being assigned to urologist respondents because they were found to do the procedures with much greater frequency than the pediatric surgeons. | | | |
| Y1 | •54670 | Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens) | new | 090 | 11.20 |
| Y2 | 54640 | Orchiopexy, any type; inguinal approach, with or without hernia repair | revised | 090 | 6.71 (No Change) |
| Y3 | 54645 | ~~second stage (Torek-stage)~~ (54645 has been deleted) | deleted | 090 | |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: Y1 CPT Code: 545XX Global Period: 90

CPT Descriptor:

Orchiopexy, abdominal approach, for intra-abdominal testis (Fowler-Stephens)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

SEE ATTACHMENT 1

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 54304 | Revision of penis | 12.42 |
| 50780 | Reimplant ureter in bladder | 17.54 |
| 54640 | Suspension of testis | 6.71 |
| 49535 | Repair strangulated hernia | 9.87 |
| 47605 | Removal of gallbladder | 11.81 |

Relationship to Key Reference Service(s):

SEE ATTACHMENT 2

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The survey information showed that the amount of experience in performing the procedure was much hig for the urologists than the pediatric surgeons due to the volume performed by urologists. In fact, half of pediatric surgeons had not performed the surgery in the past year. Therefore, we combined the two RV but weighted the urology RVW twice as much as the pediatrics' RVW.

ATTACHMENT 1

The orchiopexy by abdominal approach represents a minority of patients requiring orchiopexy (perhaps 10-15 percent). There are some clearly defined syndromes as Prune Belly Syndrome, and Bladder Exstrophy where the likelihood of intra-abdominal testes is well-recognized. Pre-operative evaluation may include gonadotrophin stimulation tests to determine the presence of a testis, and a variety of imaging examinations to confirm the position of the testis in the abdomen. Some surgeons proficient with laparoscopy will visually confirm the intra-abdominal position of the testis prior to undertaking the intra-abdominal procedure. The intraoperative assessment of testicular viability with ultrasound, and/or fluorescein dyes are an essential part of the procedure. The precise mobilization of the spermatic chord with transection of the spermatic vessels high with or without anastomosis to inferior epigastric vessels and tension free placement in the scrotum complete the repair. Postoperative monitoring of the testis with ultrasound assessment may be part of the follow-up care.

CPT Descriptor: Orchiopexy, abdominal approach, for intra-abdominal testis (Fowler-Stephens)

Relationship to Key Reference Service(s) & Rationale:

The Fowler-Stephens orchiopexy is a procedure performed for an intra-abdominal testis. It combines all of the work in reference procedure 54640 (orchiopexy with or without hernia repair, relative value 6.71) as well as an abdominal exploration to locate the testis, dissection of the testis from surrounding tissues, and ligation of the spermatic vessels - carefully protecting the vas deferens and artery to the vas deferens. The time to perform the Fowler-Stephens orchiopexy is twice the amount of the single orchiopexy and is similar to 54304 (repair of hypospadias, relative value 12.42). The length of hospital stay and post-operative care are similar.

SURVEY DATA

Urology

Median Intra-Service Time: 2 hours Low: 1.5 hours High: 4 hours

Median Pre-Service Time: 45 minutes Median Post-Service Time: 1 hour

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: Three level 2 visits

Other Data: --

Pediatric Surgery

Median Intra-Service Time: 120 min. Low: 60 min. High: 180 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: 3 visits - (2) 99213 & (1) 99214

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Pediatric Surgery

Tracking Number: Y2 CPT Code: 54640 Global Period: 090

CPT Descriptor: Orchiopexy, ~~any type~~, inguinal approach, with or without hernia repair

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A reference service with established RVW

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49500 | Repair inguinal hernia, under age 5 years, with or without hydrocelectomy | 5.15 |
| 49510 | Repair inguinal hernia, age 5 or over; with orchiectomy, with or without prosthesis | 6.72 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Is a reference

SURVEY DATA:

Median Intra-Service Time: 70 Low: 40 High: 120

Median Pre-Service Time: 45 Median Post-Service Time: 45

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 2 (99214, 99212)

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Urology

Tracking Number: Y2 CPT Code: 54640 Global Period: 090

CPT Descriptor: Orchiopexy, ~~any type~~ inguinal approach, with or without hernia repair

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The majority of patients will have a repair through an inguinal approach. Patients who have either abdominal testes or have had previous surgery for undescended testis or previous hernia repairs should be considered under other codes. The preoperative evaluation of the patient may include ultrasound assessment of testis position. Intraoperative principles are the preservation of the vascular structures along the chord and ductus deferens and closure of the hernia sac if present. The testis is secured in the scrotal compartment or dartos pouch and wound closure follows appropriate protocols for hernia repair.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 54640 | Suspension of testis | 6.71 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Changing the descriptor on this code did not change the amount of work involved for the procedure.

SURVEY DATA:

Median Intra-Service Time: 1 hour Low: 1 hour High: 3 hours

Median Pre-Service Time: 30 minutes Median Post-Service Time: 45 minutes

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: two level 2 visits

Date:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## PELVIC LYMPH NODE DISSECTION - TAB 5

The first code in the series for pelvic lymph node dissection was essentially an editorial change. The code was revised to specify the surface where the biopsy is performed. However, this code is very similar to 49301, which has a higher value, and either one could be used to report the service. The RUC felt, however, that 49301 represents a broader code, which could encompass biopsy of the liver, for example, while 56305 is narrower in its description. The RUC recommends that the current established value by HCFA's refinement process be maintained.

The RUC compared the laparoscopic codes for pelvic lymphadenectomy with their open procedure counterparts. The extent of dissection of the lymph node tissue is the same for both the laparoscopic and open procedures. The intraservice work involved in the laparoscopic procedures requires greater technical expertise and higher intensity than the open procedure, although the postoperative care is less. The RUC accepted the specialty recommendation that the new codes 56311 and 56312 be valued at a level somewhat lower that the corresponding open procedures to reflect the shorter global periods and reduced postoperative care.

The RUC referred new code 56313 back to the gynecologists for further study because this procedure is extremely rare and insufficient data were available to make a valid recommendation at this time.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| Z1 | 56305<br><br>(58986 in CPT92) | Laparoscopy, surgical; with biopsy of peritoneal surface(s), single or multiple | revised | 010 | 3.89<br>(No Change) |
| Z2 | •56311 | with retroperitoneal lymph node sampling (biopsy), single or multiple | new | 010 | 9.15 |

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| | | | | | |
|---|---|---|---|---|---|
| Z3 | •56312 | with bilateral total pelvic lymphadenectomy | new | 010 | 12.35 |
| Z4 | •56313 | with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple | new | 010 | No Recommendation |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: Z1 CPT Code: 56305 Global Period: 010

CPT Descriptor: Laparoscopy, surgical; with biopsy of peritoneal surface(s), (single or multiple)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Male or female patient under evaluation for unexplained pelvic pain or suspected malignancy.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 56305 | Laparoscopy, surgical; with biopsy (single or multiple) | 3.89 |
| 49301 | Peritonescopy; with biopsy | 4.43 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The revision to 56305 does not change the amount or nature of the work associated with the code

SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 30 min. High: 5.5 hrs.

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: 1

Other Data: Respondents performed an average of 21 procedures in the past year.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: Z2 CPT Code: 56311 (•563X1) Global Period: 010

CPT Descriptor: Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy) (single or multiple)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

61 year old male with psa of 13.6, with a prostatic nodule and a positive needle biopsy for prostatic carcinoma. Metaestatic workup is negative. After an abdominal prep, a pneumoperitoneum using $CO_2$ is produced and laparoscopic trocars are placed. The peritoneum is incised just lateral to the medial umbilical ligament. The vas deferens is incised. Identification of the external iliac vein and obturator nerve is made and all tissue around the obturator nerve and external iliac vein is dissected and delivered through one of the trocar sites. The dissection is checked for hemostasis and all trocars are removed. The incisions (trocar sites) are closed appropriately. Post service time includes 1-2 hospital visits (level 2).

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 38562 | Removal, pelvic lymph nodes | 9.89 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Laparoscopic pelvic lymph node sampling accomplishes the same result as 38562 (Open Pelvic Lymph Node Biopsy, relative value 9.89). The median intra-service time to perform the two procedures is identical. There is more technical expertise and intensity involved with the laparoscopic procedure but the post-operative care is less, compared to the open procedure.

See attached explanation

SURVEY DATA:

Median Intra-Service Time: 2 hours Low: 1 hour High: 4 hours

Median Pre-Service Time: 1 hour Median Post-Service Time: 30 minutes

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: Two level 2 visits

Other Data: Survey performed in 1992 prior to submission to CPT

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

56312

Tracking Number: Z3 CPT Code: •563X2 Global Period: 010

CPT Descriptor: Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

61 year old male with psa of 13.6, with a prostatic nodule and a positive needle biopsy for prostatic carcinoma. Metaestatic workup is negative. After an abdominal prep, a pneumoperitoneum using $CO_2$ is produced and laparoscopic trocars are placed. The peritoneum is incised just lateral to the medial umbilical ligament. The vas deferens is incised. The nodal tissue surrounding the external iliac artery and at the bifurcation of the common iliac vein and artery is removed along with the obturator and external iliac vein nodal tissue. The surgeon identifies and carefully dissects the common iliac artery and the bifurcation of the common iliac artery and common iliac vein. In addition the ureter is clearly identified in the retroperitoneum. The dissection is checked for hemostasis and all trocars are removed. The incisions (trocar sites) are closed appropriately. Post service time includes 1-2 hospital visits (level 2).

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 38562 | Removal, Pelvic Lymph Nodes | 9.89 |
| 52601 | Prostatectomy (TURP) | 11.79 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Complete Pelvic Lymphadenectomy via the laparoscopic approach requires more work than the sampling code as all of the lymph nodes bilaterally are removed. This requires one hour more time and compares with CPT Code 38770 (relative value, 12.39) which is the open code for bilateral total pelvic lymphadenectomy. As with the lymph node sampling procedures, there is more intensive and technically more complicated intra-service work for the laparoscopic procedure, but this is offset by the decrease in post-operative care in the laparoscopic node dissection.

See attached explanation

SURVEY DATA:

Median Intra-Service Time: 3 hours Low: 1 hour High: 6 hours

Median Pre-Service Time: 1 hour Median Post-Service Time: 1 hour

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: Two level 2 visit

Other Data: Survey performed in 1992 prior to submission to CPT

# Presentation of Codes for Laparoscopic Lymph Node

## EXPLANATION

The treatment of localized prostate carcinoma is a controversial subject. The staging of the cancer is of paramount importance before the institution of a treatment. Central to the staging is the accurate determination of pelvic lymph node status. Performance of the lymphadenectomy laparoscopically allows a surgical dissection equal to the open method but with the advantages of decreased patient morbidity, hospital stay and cost.

## USE OF CODE

A look at fairly recent practice patterns shows that these laparoscopic procedures seem to be evolving into the methods of choice for assessing lymph node status for patients with an increased probability of positive lymph nodes. *Results from a survey of 1,940 urologists from seven states show that the respondents had done 3,411 laparoscopic pelvic lymph node dissections in a 12 month period (only 10,798 of the two open codes were performed overall in 1991 according to BMAD). In fact 100% of those respondents practicing laparoscopy had done PLND, and PLND's accounted for 73% of all the laparoscopic procedures performed by urologists to date.

* Survey conducted in 1992 prior to CPT submission for codes. Survey was a random sample of individuals drawn from seven states from different regions: Oregon, California, Missouri, Texas, New York, Massachusetts and Florida. There were a total of 857 responders (43% sample size) and overall 39% are currently performing laparoscopy.

## REFERENCE PROCEDURES

To evaluate the work value for laparoscopic lymph node dissection codes it is best to use the open procedure codes as reference procedures because they are most similar. As is listed below, the differences in the codes are that the intra-service time (which accounts for 50% or more of the RVW) is significantly longer and more complicated for the laparoscopic codes but the length of stay and number of post-hospital visits (accounting for 17% of work value) is more extensive for the open codes. The trade off in amount of work performed places the work values slightly under that of the open codes.

We believe that our respondents compared the codes to the correct reference procedures and placed the laparoscopic codes appropriately in the urology reference list but did not take the 10 day globe as compared to a 90 day globe for the open code into consideration. Because of this, we altered our survey median and decreased the work value to allow for the fewer follow-up visits.

We arrived at our numbers of 9.15 and 12.35 by reducing the value of the post-op period by 50% The post-op period established for urological codes (as is referenced in the table on page 59603 of the November 25, 1991 Federal Register) is 17% of the total work value. Decreasing both median work values by 8.5% (half of 17) equates to 9.15 and 12.35 respectively for the two codes.

Existing Code:
**38562 Limited lymphadenectomy for staging (separate procedure) pelvic and para-aortic**

| | |
|---|---|
| Pre-Service Time | 60 Minutes |
| Intra-Service Time | 1.5 Hours |
| Post-Service Time | 60 Minutes |
| Length of Stay | 5 days |
| Post hospital Visits | 4 level 3 visits |

**RVW 9.89**

New Code:
**563X1 Laparoscopy, surgical, with retroperitoneal lymph node sampling (biopsy) (single or multiple)**

| | |
|---|---|
| Pre-Service Time | 60 Minutes |
| Intra-Service Time | 2 Hours - (more complicated and intensive work) |
| Post-Service Time | 45 Minutes |
| Length of Stay | 1 Day |
| Post Hospital Visits | 2 Level 2 Visits |

**RVW 9.15**

Existing Code:
**38770 Pelvic lymphadenectomy including external iliac, hypogastric & obturator nodes (separate procedure)**

| | |
|---|---|
| Pre-Service Time | 60 Minutes |
| Intra-Service Time | 2.15 Hours |
| Post-Service Time | 60 Minutes |
| Length of Stay | 5 Days |
| Post Hospital Visits | 3 Level 3 Visits |

**RVW 12.39**

**563X2 Laparoscopy, surgical; with <u>bilateral</u> total pelvic lymphadenectomy**

| | |
|---|---|
| Pre-Service Time | 60 Minutes |
| Intra-Service Time | 3 Hours |
| Post-Service Time | 60 Minutes |
| Length of Stay | 2 Days |
| Post Hospital Visits | 2 Level 2 Visit |

**RVW 12.35**

Listed in the table of references services provided by the AMA and used by the respondents was the gynecological code for laparoscopy with biopsy (56305). Several of our respondents listed this code as a secondary reference procedure because a similar laparoscopic technique is used **although** the amount of work is <u>not</u> similar. The differences in the procedures are clear and specific. Laparoscopy with biopsy (56305), the gynecologists code, is used mainly as a diagnostic tool and to biopsy something that has been seen with the help of the laparoscope. The

two laparoscopic lymphadenectomy codes involve the same work of inserting the trocars to use the laparoscope but also dissecting the peritoneum and the vas deferens, isolating the external iliac vessels and the obturator nerve and then the dissection and biopsy of the nodal tissue. In the bilateral procedure, a similar dissection is done on the contralateral side and the specimens are removed. These are much more complicated and intense procedures.

## SURVEY DATA

The decision to use the results from our original RUC survey instead of resurveying for this presentation is based on the following rationale:

When the AUA initially surveyed 30 urologists to rate the work values for 563X1 and 563X2, excellent response rates of 90 and 93 percent were received demonstrating the validity of the survey. We also had an unbiased sample of respondents based on the fact that most of them had not participated in the surveying process before. Furthermore, the majority of the work values listed by the respondents clustered around the median. This, we feel, shows a consensus.

563X1 - 1/3 of respondents listed the code between 9.8 and 10
2/3 of respondents listed the code between 8.5 and 13.5

563X2 - 1/3 of respondents listed the code between 10 and 13
2/3 of respondents listed the code between 9.89 and 16

## COMPARISONS OF OTHER CODES SUGGESTED BY RUC MEMBERS

At the April/May RUC meeting, Committee members asked the AUA presenter to compare the codes with laparoscopic codes in their specialty such as a laparoscopic appendectomy with a work value of 6.21 or a laparoscopic cholecystectomy with a work value of 10.94. The lymph node dissections are more complex procedures for the following reasons.

The lymph nodes are not located in the intra-abdominal cavity as are the gall bladder and the appendix, therefore the lymphadenectomy is an extraperitoneal operation. To perform this operation, one must make an incision through the peritoneal cavity and then also dissect the vas deferens and retract it out of the operative field, just to get to the area where the nodes are located. This is very difficult to do laparoscopically. Very delicate work is involved along major vessels such as the iliac vessels, which if injured, could bleed severely. Also, the surgeon must be careful not to injure the sympathetic nerve causing the patient to lose the ability to ejaculate or the obturator nerve destroying the patients ability to close his legs.

The attached table shows these same comparisons.

## PROPOSED TABLE TO COMPARE AND CONTRAST LAPAROSCOPY PROCEDURES

| PROCEDURE | ACCESS | | UNILATERAL | BILATERAL |
|---|---|---|---|---|
| | Intraperitoneal | Extraperitoneal | | |
| Limited Node #563X1 | x | x | | x |
| Total Node #563X2 | x | x | | x |
| Laparoscopic Cholecystectomy #49310 | x | | x | |
| Laparoscopic Appendectomy #49315 | x | | x | |
| Laparoscopic Biopsy #56305 | x | | x | |

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## ECMO - TAB 8

Extracorporeal Membrane Oxygenation (ECMO) technology is the use of specific cardiopulmonary bypass technology utilizing a silicone membrane oxygenator for gas exchange and roller pump for maintenance and perfusion. Patients who are on cardio-pulmonary bypass for days require prolonged intervals at the bedside by the physician.

In the majority of ECMO centers, pediatric surgeons provide surgical procedures and management in the first 24 hours of care, and critical care personnel provide subsequent care. In order to maintain that medical/surgical separation, the survey added the decannulation procedure at the end of an ECMO run to the work of the first 24 hours in order to keep within the two codes recommended and to simplify the separation of work.

The RUC recommendations are based on a survey of 44 pediatric surgeons and critical care physicians. The response rate is notable as there are only 80 programs in the United States providing services to less than 1000 patients per year. The care provided to these patients is very complex and requires a great amount of skill as there is a high risk of mortality (90%) and complications like cerebral hemorrhage.

The amount of physician time included in the initial 24 hours of ECMO was evaluated by the RUC and determined to include more than two hours of operative time and 6.5 hours of critical care, however, physician availability is required for the entire 24 hour period. Each subsequent 24 hour of care requires approximately 4 hours of the physician at the bedside.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| FF1 | 33960 | Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours | revised | XXX | 25.00 |
| FF2 | •33961 | each additional 24 hours | new | XXX | 11.20 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: FF1 CPT Code: 33960 Global Period: XXX

CPT Descriptor: Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Vignette: A 2.8 Kg. infant was delivered elsewhere at 37 weeks gestation by emergency section for fetal distress. Copious meconium was aspirated at the time of intubation in the delivery room. On the ventilator since, he is transferred to your unit on the third day hypotensive on maximum pressors, oliguric and hypoxic having failed improvement on the oscillator. Your attempts to improve his status produce little change. Blood gases are Ph 7.54, $PCO_2$30 and $Po_2$42. Ultrasound of the head is normal. Cardiac ultrasound reveals pulmonary hypertension and a PDA. ECMO is indicated.

Above vignette simplest scenario : more complicated scenarios include those for post-cardiotomy patients and those patients with ARDS. Respondents were also instructed to include later decannulation procedure with this code in order to better separate surgical and critical care work for venues where that is appropriate.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 38555 | Exc. cystic hygroma : complex : ð N/V | 13.37 |
| 38550 | Exc. cystic hygroma : simple : ð N/V | 6.58 |
| 99255 | Init. consult. : Mod/high severity : 110 minutes | 3.24 |
| 99223 | Init. H.C. : High severity : 70 minutes | 2.65 |
| 92950 | Cardiopulmonary resuscitation | 3.89 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

The two surgical codes refer to cannulation/decannulation. Both reference codes are for much less risk/stress/emergent operations and less specialized technical skill. Total nonoperative time median is 6.5 hours of critical care in addition to 132 minutes operative time. All patients are critically ill and have failed maximal conventional management with 90% predicted mortality. Risk/stress extremely high as evidenced by patient/machine complication rate in ELSO registry data (24 hrs.). Skill/judgement evidenced by concentration in small number of centers.

## SURVEY DATA:

Median Intra-Service Time: 132.5 Low: 60 High: 240

Median Pre-Service Time: 150 Median Post-Service Time: 240

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: ELSO Registry : 1300/Yr.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: FF2 CPT Code: •339XX Global Period: XXX

CPT Descriptor: Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Vignette: In the course of a multiple day ECMO run, volume expansion and maximum flows are required to maintain BP as pressors are weaned; oliguria responds slowly over 48 hours; patient's weight increases 12% secondary to ECF expansion; later hypertension requires therapy but is uncomplicated; sequential CXRs on maintenance ventilator settings progress from unaerated lungs to normal aeration; initial trials off bypass are unacceptable but ultimately improve; ultimately pump flows can be decreased, trials off improve and the patient is decannulated.

This scenario also simpler scenario : more complicated patients may require hemofiltration or hemodiafiltration with or without coincident management of depressed myocardial contractility and greater demands for assessment and management of multisystem organ failure.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99233 | Subsequent H.C. per day : E/M of patient who is unstable : 35 mins. | 1.30 |
| 32020 | Tube thoracostomy | 4.07 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

Primary reference service (99233) relates instability but 35/240 of median time commitment. Time and stress maximal because of analyzed anticoagulated patient with fluctuating multisystem organ failure requiring q1-4h monitoring and adjustment of coagulation status, blood gases/ventilator, pump flows/blood volume maintenance, pressors/antihypertensives, diuretics and TPN. Requires not only continuing E/M of myocardial, pulmonary, renal, hepatic and CNS function but also constant bedside availability. Myriad laboratory values as well as radiologic and ultrasonic studies. All manipulations (IVs, monitoring lines, chest tubes, etc) greatly complicated by anticoagulated status. Very high stress for extended family and support personnel as well as physicians. Risks of complications/mortality in ELSO Registry. Weaning flows and trials off time consuming.

## SURVEY DATA:

Median Intra-Service Time: 240 Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## PERIPHERAL VASCULAR SURGERY - TAB 11

The RUC's recommendations for the new and revised codes for peripheral vascular surgery are principally based on the results of a survey of vascular surgeons. In addition to the survey results, the RUC considered the source of the existing values for these services, the nature of the services described by the new codes, and how the new codes would be used relative to the deleted codes. The RUC noted that, because vascular surgeons were not included in the Harvard RBRVS study, the RUC-recommended relative values for these services are the first to be based on a survey of practicing vascular surgeons.

In considering the recommendations for new codes 35390 and 35700, the specialty indicated that reoperations would previously have been coded using modifier -22. The RUC compared these services to reoperations for coronary arteries bypass graft (code 33530, 6.01 RVW) and found the recommendation to be appropriate.

The new codes 35694 and 35695 are considered equivalent in work. They both involve more work than synthetic grafts but less work than vein grafts.

New code 35876 would previously have been reported using the revised code 35875. The RUC therefore recommends that the value of 35875 be reduced to 9.84 from its current value of 10.86.

The deleted codes 35900 and 35910 have been replaced with codes 35901 - 35907. The specialty noted that excision of an infected extremity graft (35903) is most common and excision of an infected graft in the thorax (35905) is rare. When revascularization is necessary, the 50% reduction would be applied to the reported revascularization code. For example, if the most common excision of an infected extremity graft required revascularization, code 35556 (Bypass graft, with vein; femoral-popliteal) would be reported and the total work value of 20.22 (12.00 + (16.43 x .50)) would be less than the value of deleted code 35910 (28.89). The specialty also indicated that revascularization after excision of an infected thorax graft would be rare.

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The RUC also discussed the frequency with which the service described by the new code 37607 would involve banding versus ligation. The specialty reported that banding would be much more common and more difficult, because the surgeon must band tight enough to stop the excess flow but maintain the functioning of the arteriovenous fistula.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AV1 | •35390 | Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure (Use 35390 only for code 35301)) | new | ZZZ | 4.07 |
| AV2 | •35700 | Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure) (Use 35700 only for codes 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, 35671) | new | ZZZ | 4.36 |
| | 35601 | Bypass graft, with other than vein; | revised | 090 | 16.59 (No Change) |
| AV4 | •35623 | axillary-popliteal or -tibial | new | 090 | 15.80 |
| | | ARTERIAL TRANSPOSITION | | | |
| | •35691 | Transposition and/or reimplantation; vertebral to carotid artery | new | 090 | 17.11 (No Change from 35637) |
| | •35693 | vertebral to subclavian artery | new | 090 | 14.36 (No Change from 35638) |
| AV3 | •35694 | subclavian to carotid artery | new | 090 | 18.25 |
| AV3a | •35695 | carotid to subclavian artery | new | 090 | 18.25 |
| AV5 | 35875 | Thrombectomy ~~and/or repair~~ of arterial or venous graft; | revised | 090 | 9.84 |
| AV6 | •35876 | with revision of arterial or venous graft | new | 090 | 14.00 |

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| | | | | | |
|---|---|---|---|---|---|
| | 35900 | ~~Excision of infected graft;~~<br><br>35900 has been deleted. To report, see 35901-35907 and appropriate revascularization code) | deleted | 090 | N/A |
| AV7 | •35901 | Excision of infected graft; neck | new | 090 | 10.08 |
| AV8 | •35903 | extremity | new | 090 | 12.00 |
| AV9 | •35905 | thorax | new | 090 | 23.50 |
| AV10 | •35907 | abdomen | new | 090 | 24.59 |
| | 35910 | ~~with revascularization~~<br><br>(35910 has been deleted. To report, see 35901-35907 and appropriate revascularization code) | deleted | 090 | N/A |
| | 36820 | ~~arteriovenous, internal (Cimino type)~~<br><br>(36820 has been deleted. To report, use 36821) | deleted | 000 | N/A |
| | 36821 | Arteriovenous anastomosis, direct, any site (eg, Cimino type) | revised | 090 | 8.59<br>(No Change) |
| AV11 | •37607 | Ligation or banding; angioaccess arteriovenous fistula | new | 090 | 5.99 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV1 CPT Code: •35XX1 Global Period: ZZZ

CPT Descriptor: Reoperation, thromboendarterectomy, carotid, more than one month after original operation (List separately in addition to code for primary procedure (Use 35390 only for code 35301))

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

**Sixty-six-year old patient who requires "redo" carotid endarterectomy and patch angioplasty for symptomatic recurrent carotid (90%) stenosis associated with focal TIA despite antiplatelet therapy four years after the original operation.**

This vignette represents a typical patient with "late" (>3 yrs) recurrent atherosclerosis. Nevertheless, a typical patient with "early" (<3 yrs) hyperplastic recurrence would have been identically rated.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35301 | Carotid endarterectomy | 16.59 |
| 35501 | Carotid vein graft | 18.67 |
| 33530 | Coronary artery reoperation (supplemental) | 6.01 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

The median RVW determined by our survey was obtained using appropriate reference services. It reasonably reflects the increment in work necessary to avoid atheroembolic stroke and cranial nerve injury while dissecting the carotid artery from dense cervical scar. Finally, it is consistent with the supplemental value already established for "redo" cardiac procedures.

SURVEY DATA:

Median Intra-Service Time: 3 hrs Low: 1 hr High: 7 hrs

Median Pre-Service Time: 2 hrs Median Post-Service Time: 2 hrs

Length of Hospital Stay: 3.25 days (Range: 0-8)

Number & Level of Post-Hospital Visits: 2 visits (Range: 0-8): Level II

Other Data: LOS and visits are median figures

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV2 CPT Code: •35XX2 Global Period: ZZZ

CPT Descriptor: Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separatelyin addition to code for primary procedure) (Use 35700 only for codes XXXXX-XXXXX)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):
Sixty-eight-year old patient who requires a femorotibial vein graft to correct pregangrenous forefoot ischemia caused by late failure of a previous femoropopliteal synthetic graft.

Another typical presentation for this supplemental code could have described a patient requiring "redo" synthetic bypass following the failure of a previous vein graft. Each would be rated similarly.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35566 | Femorotibial vein graft | 21.39 |
| 35556 | Femoropopliteal vein graft | 16.43 |
| 33530 | Coronary artery reoperation (supplemental | 6.01 |

(Three reference services used most frequently by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The median value generated by our survey adequately reflects the additional time and skill required to isolate inflow and outflow vessels from dense scar while protecting adjacent arteries, vein, and nerves from injury. Furthermore, reoperations usually employ more distal bypass, resulting in longer LOS. Finally, our median value is consistent with the supplement already established for "redo" cardiac procedures.

SURVEY DATA:

Median Intra-Service Time: 5 hrs Low: .5 hrs High: 7 hrs

Median Pre-Service Time: 2.25 hrs Median Post-Service Time: 3.25 hrs

Length of Hospital Stay: 7 days (Range: 0-14)

Number & Level of Post-Hospital Visits: 4 visits (Range: 0-20); Level II

Other Data: LOS and visits are median figures

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV4 CPT Code: •35XX4 Global Period: 090

CPT Descriptor: Bypass graft, with other than vein; axillary-popliteal or -tibial

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

**Sixty-eight-year old patient with severe distal ischemia and chronic superficial femoral artery occlusion requiring an axillary-popliteal (below-knee) or -another tibial synthetic graft because of recent contamination in the ipsilateral groin.**

Axillary-popliteal bypass is a relatively unusual procedure, and this vignette reflects its most typical indication.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35621 | Axillary-femoral synthetic graft | 13.56 |
| 35654 | Axillo-bifemoral synthetic graft | 18.05 |
| 35656 | Femoropopliteal synthetic graft | 14.88 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

*Our RVS Committee elected not to recommend the median survey value for this service. While axillary-popliteal bypass requires more work than CPT-35621 because the popliteal artery is more difficult to expose than the femoral, it requires fewer anastomoses than CPT-35654. Therefore, we calculated the mid-range value (15.80) between these two reference services.

SURVEY DATA:

Median Intra-Service Time: 3.5 hrs Low: 1 hr High: 6 hrs

Median Pre-Service Time: 2.5 hrs Median Post-Service Time: 4 hrs

Length of Hospital Stay: 8 days (Range: 3-21)

Number & Level of Post-Hospital Visits: 4 visits (Range 2-40); Level II

Other Data: LOS and visits are median figaures.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV3 CPT Code: •35XX3 Global Period: 090

CPT Descriptor: Subclavian-carotid or carotid-subclavian transposition

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Sixty-seven-year old patient who undergoes subclavian-carotid transposition for the treatment of profound vertebrobasilar symptoms and atheroembolic ulceration of the index finger associated with occlusion of the left subclavian artery near the aortic arch and retrograde collateral flow in the ipsilateral vertebral artery.

Similar indications may also pertain to the right subclavian artery, as well as to either common carotid artery...especially when there are relative contraindications to sternotomy and/or synthetic bypass.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35637 | Vertebral-carotid transposition | 17.11 |
| 35606 | Carotid-subclavian synthetic graft | 17.82 |
| 35506 | Carotid-subclavian vein graft | 18.67 |

(Three reference services used most frequently by respondents).

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The median value generated by our survey indicates that subclavian-carotid (or carotid-subclavian) transposition requires slightly more work than synthetic bypass, but slightly less than autogenous grafting for which the saphenous vein must first be harvested. This stratification is entirely appropriate.

SURVEY DATA:

Median Intra-Service Time: 3 hrs Low: 1.5 hrs High: 5 hrs

Median Pre-Service Time: 2 hrs Median Post-Service Time: 2 hrs

Length of Hospital Stay: 4 days (Range: 1.2-7)

Number & Level of Post-Hospital Visits: 3 visits (Range: 1-8); Level II

Other Data: LOS and visits are median figures

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV5 CPT Code: 35875 Global Period: 090

CPT Descriptor: Thrombectomy ~~and/or repair~~ of arterial or venous graft;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Seventy-year-old patient with contraindications to thrombolytic therapy who requires thrombectomy (without revision) of an above-knee femoral popliteal synthetic graft following a transient hypotensive episode.

This vignette is quite typical of spontaneous, thrombotic graft occlusion unrelated to angioaccess (separate code).

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 34201 | Femoral thromboembolectomy (arterial) | 8.24 |
| 35656 | Femoropopliteal synthetic graft | 14.88 |
| 35860 | Exploration for postop thrombosis; extremity | 4.65 |

(Three reference services used most frequently by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Our median survey value appropriately reduces the previous work RVUs (10.86) for CPT-35875 when thrombectomy (without graft repair) is all that is required. The new value is approximately 1.7 RVUs higher than primary femoral thromboembolectomy (34201), but this is justified by the additional work necessary to dissect the graft from its incorporation in dense scar.

SURVEY DATA:

Median Intra-Service Time: 1.96 hrs Low: 1 hr High: 4.5 hrs

Median Pre-Service Time: 1.87 hrs Median Post-Service Time: 2.87 hrs

Length of Hospital Stay: 4.49 days (Range: 1-8)

Number & Level of Post-Hospital Visits: 3.65 visits (Range: 2-8); Level II

Other Data: LOS and visits are median figures

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV6 CPT Code: •35XX5 Global Period: 090

CPT Descriptor: Thrombectomy of arterial or venous graft; with revision of arterial or venous graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

**Seventy-year-old patient with contraindications to thrombolytic therapy who requires thrombectomy of a previous femoropopliteal vein graft in conjunction with excision and patch angioplasty of a stenotic venous valve that is discovered by intraoperative angiography.**

Many occluded grafts fail for a reason, and the one described in this vignette is as typical as any. In the case of synthetic grafts, the correctable pathology usually is hyperplastic anastomotic stenosis.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion),

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35256 | Repair blood vessel, vein graft; lower extremity | 10.39 |
| 34201 | Femoral thromboembolectomy | 8.24 |
| 35556 | Femoropopliteal vein graft | 16.43 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The median survey value seems quite appropriate. It generally falls into the mid-range between simple thrombectomy (revised 35875) and construction of a new replacement graft (maximum work RVU: 21.39, 35566). This is entirely consistent with the work necessary for thrombectomy, operative angiography, and revision of underlying lesions).

SURVEY DATA:

Median Intra-Service Time: 3 hrs Low: 1.5 hrs High: 8 hrs

Median Pre-Service Time: 2 hrs Median Post-Service Time: 2.375 hrs

Length of Hospital Stay: 5 days (Range: 1-13)

Number & Level of Post-Hospital Visits: 3 visits (Range: 2-12); Level II

Other Data: LOS and visits are median figures.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV7 CPT Code: 35901 Global Period: 090

CPT Descriptor: Excision of infected graft; neck

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

**Sixty-seven-year old patient with documented occlusion of the ipsilateral internal carotid artery who requires excision of an infected Dacron patch and common carotid ligation 18 months after previous carotid endarterectomy.**

It is difficult to illustrate the "typical" patient who would not require simultaneous revascularization to reduce the risk for stroke in conjunction with the excision of infected synthetic material from the carotid artery, but this vignette comes as close as any.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35900 | Excision of infected graft | 10.08 |
| 35301 | Carotid endarterectomy | 16.59 |
| 37605 | Carotid ligation | 4.74 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

*As an isolated procedure (without revascularization), our RVS Committee decided that the present value for excision of an infected graft (35900, 10.08 RVUs) is sufficient for new code 35901. Since HCFA has now determined that revascularization, when necessary, will be designated by the appropriate bypass code, CPT-35901 will be reimbursed as a complementary procedure at 50% of its assigned RVUs when simultaneous revascularization is performed.

SURVEY DATA:

Median Intra-Service Time: 2.5 hrs Low: 1 hr High: 5.5 hrs

Median Pre-Service Time: 2 hrs Median Post-Service Time: 2.5 hrs

Length of Hospital Stay: 6 days (Range: 2-12)

Number & Level of Post-Hospital Visits: 4 visits (Range: 2-12); Level II

Other Data: LOS and visits are median figures.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV8 CPT Code: •35XX6 Global Period: 090

CPT Descriptor: Excision of infected graft; extremity

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):
Sixty-six-year old patient who requires excision of an infected angioaccess (synthetic) graft from the upper arm in conjunction with autogenous patch angioplasty of the brachial artery.

This vignette describes perhaps the most common scenario for excision of an infection extremity graft, and it illustrates the component that evidently was not considered in calculating the original RVUs for CPT-35900...even without "revascularization," the inflow artery must be repaired to maintain its patency.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35900 | Excision of infected graft | 10.08 |
| 35206 | Repair blood vessel, vein graft, upper extremity | 8.69 |
| 36830 | Arteriovenous fistula; non-autogenous graft | 7.97 |

(Three reference services used most commonly by respondents)
Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The median value generated by our survey appropriately reflects the work necessary to dismantle two previous vascular anastomoses, completely excise the infected graft from its incorporation in a scarred tunnel, obtain autogenous tissue (usually vein) to construct a patch, and finally to repair the inflow artery.

SURVEY DATA:

Median Intra-Service Time: 2.5 hrs Low: .7 hr High: 4 hrs

Median Pre-Service Time: 1.5 hrs Median Post-Service Time: 2 hrs

Length of Hospital Stay: 5 days (Range: 1-10)

Number & Level of Post-Hospital Visits: 3 visits (Range: 1-12); Level II

Other Data: LOS and visits are median values.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV9 CPT Code: •35XX7 Global Period: 090

CPT Descriptor: Excision of infected graft; thorax

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Sixty-seven-year old patient with documented occlusion of the ipsilateral internal carotid artery who requires excision of an infected aorto-left common carotid (synthetic) graft in conjunction with carotid ligation and autogenous patch angioplasty of the ascending thoracic aorta.

Infected intra-thoracic grafts fortunately are uncommon, so it is difficult to illustrate a "typical" patient who would not require simultaneous revascularization. Once again, however, it is important to recognize that repair of the inflow vessel (i.e., the ascending aorta) still is necessary.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35246 | Repair blood vessel, vein graft; intrathoracic | 18.58 |
| 35626 | Aortosubclavian or -carotid synthetic graft | 22.81 |
| 35900 | Excision of infected graft | 10.08 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This code also would be used to denote excision of multiple-branched brachiocephalic grafts, as well as excision of infected thoracic aortic grafts...all of which are exceedingly complex procedures from a technical standpoint, and are associated with obvious risks for serious complications. As an isolated procedure, our median value actually is an understatement; as a supplemental code to revascularization, its value will receive only 50% reimbursement in any event.

SURVEY DATA:

Median Intra-Service Time: 4.5 hrs Low: 1.5 hrs High: 8 hrs

Median Pre-Service Time: 3 hrs Median Post-Service Time: 4 hrs

Length of Hospital Stay: 8 days (Range: 2-14)

Number & Level of Post-Hospital Visits: 4 visits (Range: 2-21); Level II-III

Other Data: LOS and visits are median figures.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

35907

Tracking Number: AV10 CPT Code: •35XX8 Global Period: 090

CPT Descriptor: Excision of infected graft; abdomen

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):
Sixty-six year old patient with adequate collateral circulation who requires excision of an infected aortic tube graft in conjunction with ligation of the infrarenal aorta and both common iliac arteries as well as retroperitoneal coverage with a pedicle of greater omentum.

This is clearly the most typical clinical setting for patients who require excision of an infected intra-abdominal graft and can sustain it without immediate revascularization.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 35081 | Aortic aneurysm repair (tube graft) | 22.70 |
| 37617 | Ligation, major artery; abdomen | 14.54 |
| 35900 | Excision of infected graft | 10.08 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Few experienced surgeons would disagree that more work is necessary to excise an aortic graft than was required to construct it. Therefore, the relationship between our median value and the RVUs for CPT-35081 is appropriate. This new code will stand alone for patients who do not receive simultaneous extra-anatomic bypass; for those who do, it will be reimbursed at 50% of its RVUs.

SURVEY DATA:

Median Intra-Service Time: 5 hrs Low: 3 hrs High: 8 hrs

Median Pre-Service Time: 3 hrs Median Post-Service Time: 5 hrs

Length of Hospital Stay: 10 days (Range: 1-30)

Number & Level of Post-Hospital Visits: 4 visits (Range: 1-40); Level II-III

Other Data: LOS and visits are median figures.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AV11 CPT Code: •35XX9 Global Period: 090

CPT Descriptor: Ligation or banding; angioaccess arteriovenous fistula

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):
Sixty-five-year old patient with congestive heart failure requiring the application of a synthetic band to reduce hyperdynamic flow while maintaining patency of a cephalic vein angioaccess fistula.

This vignette is so typical that it represents virtually the only indications for this procedure.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 36832 | Arteriovenous fistula revision | 5.99 |
| 36830 | Arteriovenous fistula; non-autogenous graft | 7.97 |
| 37618 | Ligation, major artery, extremity | 3.99 |

(Three reference services used most commonly by respondents)

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The fact that our median survey value is identical to the previous RVUs for CPT-36832 indicates that several respondents decided the new code is synonymous with "arteriovenous fistula revision." Our RVS Committee agrees with this opinion.

SURVEY DATA:

Median Intra-Service Time: 1.5 hrs Low: .5 hr High: 3 hrs

Median Pre-Service Time: 1 hr Median Post-Service Time: 1 hr

Length of Hospital Stay: 2 days (Range: 0-7)

Number & Level of Post-Hospital Visits: 2 visits (Range: 1-3); Level II

Other Data: LOS and visits are median figures

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Penile Venous Surgery<br>The RUC concluded that this procedure involved a similar amount of work as the key reference service 54304 (revision of penis). Comparisons were also made to transurethral resection of the prostate (52601), and it was noted that the new service involves twice as much intraoperative time as TURP but the recommended increment of relative work is considerably less than double. | | | | | |
| Q1 | +37790 | Penile venous occlusive procedure | new | 090 | 13.00 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Q1

Tracking Number: Q1 CPT Code: •377XX Global Period: 090

CPT Descriptor: Penile venous occlusive procedure

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

48 year old male in good general health with the inability to maintain erectile rigidity. Evaluation demonstrates corporovenous occlusive disease. The procedure is generally performed on a same day surgery basis with a 1-2 day post operative stay. Intraoperative time averages 1.5 hours. Extensive resection of the deep dorsal, perforating, crural and cavernosal veins is carried out through an infrapubic incision. Pre work includes the patient assessment on the day of surgery, scrubbing and prepping the patient (30 minutes); post service work includes immediate post operative care (15 minutes) 1-2 level 2 post operative visits in hospital and 2 level 2 office visits in the 90 day globe.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 54304 | Revision of penis | 12.42 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT

SURVEY DATA:

Median Intra-Service Time: 2 hours Low: 1 hour High: 3 hours

Median Pre-Service Time: 45 minutes Median Post-Service Time: 1 hour

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: two level 2 visits

Other Data:

CPT Descriptor: Penile venous occlusive procedure

Relationship to Key Reference Service(s) and/or rationale:

Comparison of penile venous surgery to the reference procedure (54304, relative value 12.42) correction of chordee for first state hypospadias: In both operations an extensive incision and dissection of the penis is made. The time and intensity of the operative repair, one to reposition the digital urethra and the other to excise and ligate penile veins is nearly the same. Post-operative care, including hospital stay and global visits are the same as well.

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Splenectomy | | | | | |
| | | The new procedure code 38102 is an add-on code for a splenectomy done in conjunction with another procedure when treating cancer of the stomach, pancreas, colon, or adrenal gland. Because of the involvement of the spleen in the malignant process, concern about injury to contiguous organs, and additional post-operative work due to the increased incidence of post-operative sepsis, the RUC believes this code should be valued somewhat higher than 50% of RVW for the splenectomy provided as a separate procedure. The RUC recommends no change in the existing RVW for 38100 and 38101. | | | |
| R1 | 38100 | Splenectomy (separate procedure); total (separate procedure) | revised | 090 | 12 28 (No Change) |
| R2 | 38101 | partial (separate procedure) | revised | 090 | 12 90 (No Change) |
| R3 | +38102 | total, en bloc for extensive disease, in conjunction with other procedure (Report in addition to code for separate procedure) | new | ZZZ | 7 00 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: R3 CPT Code: •3812XX Global Period: ZZZ

CPT Descriptor: Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (Report in addition to code for separate procedure.)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

51-year-old male with 4 cm biopsy proven gastric carcinoma of the fundus of the the stomach, who at the time of operation is found to have direct extension of the carcinoma to the hilum of the spleen.

Day of Surgery: Recovery Room 20-30 minutes
Day of Surgery: ICU 15 minutes
Day 1-4: ICU 15-30 minutes
Day 5-9: Floor 20 minutes
Day 10: Floor 25-35 minutes

Patients require central line placement, fluid and electrolyte management, intravenous hyperalimentation. Probable initial 18 to 36 hours of assisted ventilation. These are managed by the surgeon in most situations.

This is essentially the same as K3, K4, and K5, but would add 30 minutes to the procedure in each case.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43620 | Gastrectomy, total; including intestinal anastomosis | 21.54 |
| 45110 | Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages | 22.21 |
| 48150 | Pancreatectomy, proximal subtotal, with pancreaticoduodenectomy (whipple type procedure), and pancreatic jejunostomy | 30.95 |
| 38101 | Splenectomy (separate procedure); partial | 12.90 |
| 38115 | Repair of reptured spleen (splenorrhaphy) with or without partial splenectomy | 12.90 |
| 38100 | Splenectomy (separate procedure); total | 12.28 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is related to 50% of the splenectomy code 12.9 and the committee felt there was more operative work in removing the spleen because of the probable involvement of the splenic hilum with the malignant process. This would require more dissection behind the pancreas to obtain control of the splenic vessels proximal to the malignant process.

SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 15 min. High: 360 min.

Median Pre-Service Time: 8 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 8 days

Number & Level of Post-Hospital Visits:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## LYMPHADENECTOMY - TAB 24

The RUC discussed the add-on nature of these procedures and accepted the specialty rationales that were presented. Comparisons were also made with procedures such as radical nephrectomy and radical mastectomy, which include removal of the lymph nodes, but the RUC concluded that the procedures for which the lymphadenectomy would be a separate add-on were substantially different from these radical procedures.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| S1 | •38746 | Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes<br><br>(Report in addition to code for primary procedure) | new | ZZZ | 4.50 |
| S2 | •38747 | Abdominal lymphadenectomy, regional, including celiac, para-aortic and vena caval nodes<br><br>(Report in addition to code for primary procedure) | new | ZZZ | 5.03 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: S1 CPT Code: •387X1 Global Period: ZZZ

CPT Descriptor: Thoracic lymphadenectomy, regional, including mediastinal and peritracheal

(Report in addition to code for primary procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 60-year-old man with a long smoking history presents with a mass in the right upper lobe noted on routine chest x-ray which is clinically staged as T2N0. A complete extent of disease work-up is negative and the patient is taken to the operating room where a right upper lobectomy is performed. In order to completely and accurate assess the status of the lymph nodes in the mediastinum, an area not included with the lobectomy specimen, a mediastinal lymphadenectomy is performed which removes the contents of the superior mediastinum, an area bounded by the subclavian vein superiorly, the right upper lobe bronchus inferiorly, the trachea posteriorly, and the inferior vena anteriorly. The subcarinal space is also included in the dissection. The presence of tumor in any lymph nodes in the mediastinum signifies a significantly worse prognosis and indicates the need for postoperative adjuvant therapy.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 39010 | | |
| 39200 | | |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey may have interpreted as a global service rather than a secondary procedure. RUC Advisory Group lowered RVW to reflect secondary nature of procedure.

**SURVEY DATA:**

Median Intra-Service Time: 60min Low: 23min High: 360min

Median Pre-Service Time: 60min Median Post-Service Time: 105min

Length of Hospital Stay: 7.0da

Number & Level of Post-Hospital Visits: 3.0

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: S2 CPT Code: 38X2 Global Period: ZZZ

CPT Descriptor: Abdominal lymphadenectomy, regional including celiac, para-aortic and vena caval

(Report in addition to code for primary procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This vignette refers only to the intraoperative RVWs for lymph node dissection associated with other procedures (i.e.,total gastrectomy with regional and node dissection or sigmoid colectomy with regional and iliac node dissection). The node dissection does not have to include all nodal groups included in the code descriptor. Again, this only relates to the intraoperative work value over and above the associated primary procedure.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 38562 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic | 9.89 |
| 38564 | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic) | 10.24 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This add-on service approximates 50 % of the average work of services 38562 and 38564.

38562, RVW= 9.89 ↘
38564, RVW=10.24 ↗ Total = 20.13 ÷ 2 = 10.065 x .50 = 5.03

**SURVEY DATA:**

Median Intra-Service Time: 60 Low: 30 High: 240

Median Pre-Service Time: 0 Median Post-Service Time: 0

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## GASTROINTESTINAL ENDOSCOPY - TAB 22

The coding changes made in the gastrointestinal endoscopy section of CPT are quite extensive. The RUC considered many of the revisions to be editorial in nature, however, and is not recommending any change in relative value. For a number of the codes in this section, the RUC recommendations are based on an approach termed "valuing the increment." The endoscopic specialty societies have already worked with HCFA prior to HCFA's refinement process to identify consistent physician work relationships between basic endoscopic procedures and other procedures included in these services, such as biopsies and removal of polyps and lesions. These increments were considered in developing the RUC's recommendations, along with the identified key reference services and survey data from about 40 physicians specializing in endoscopy and endoscopic surgery.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | ESOPHAGUS: ENDOSCOPY<br><br>(For endoscopic procedures, code appropriate endoscopy of each anatomic site examined)<br><br>Surgical endoscopy always includes a diagnostic endoscopy | | | |
| | 43200 | Esophagoscopy, rigid or flexible ~~fiberoptic (specify)~~; diagnostic, with or without collection of specimen(s) by burshing or washing (separate procedure) | revised | 000 | 1.63<br>(No Change) |
| | 43202 | ~~for biopsy and/or collection of specimen by brushing or washing~~ with biopsy, single or multiple | revised | 000 | 1.94<br>(No Change) |
| | 43204 | ~~for~~ with injection sclerosis of esophageal varices | revised | 000 | 3.86<br>(No Change) |
| AD1 | •43205 | with band ligation of esophageal varices | new | 000 | 4.10 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 43215 | ~~for~~ with removal of foreign body<br><br>(For radiological supervison and interpretation, see 74235 | revised | 000 | 2.66<br>(No Change) |
| AD2 | •43216 | with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery | new | 000 | 2.76<br>(AD6-.82) |
| AD2-a | 43217 | ~~for~~ with removal of ~~polypoid~~ tumor(s), polyp(s) or other lesion(s) by snare technique | revised | 000 | 2.86<br>(AD6a-.82) |
| | 43219 | ~~for~~ with insertion of plastic tube or stent | revised | 000 | 2.87<br>(No Change) |
| AD2-b | 43220 | with ballon dilation (less than 30 mm diameter) ~~for dilation, direct, any method~~<br><br>(For endoscopic dilation with balloon 30 mm diameter or larger, use 43458)<br><br>(For dilation without visualization, use 43450-43453 ~~43456~~) | revised | 000 | 2.15<br>(No Change) |
| AD3 | 43226 | ~~for~~ with insertion of guide wire ~~to guide~~ followed by dilation over guide wire<br><br>(For radiological supervision and interpretation, see 74360) | revised | 000 | 2.40 |
| | 43227 | ~~for~~ with control of bleeding, any method ~~hemorrhage (eg, electrocoagulation, laser photocoagulation treatment)~~ | revised | 000 | 3.69<br>(No Change) |
| AD3-a | 43228 | with ~~for~~ ablation of tumor(s), polyp(s) or other ~~mucosal~~ lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~(eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 3.84<br>(AD7-.82) |
| | | (Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 43234 | Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible ~~fiberscope~~ endoscope) (separate procedure) | revised | 000 | 2.06<br>(No Change) |
| | 43235 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; ~~complex~~ diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 2.45<br>(No Change) |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 43239 | ~~Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for biopsy and/or collection of specimen by brushing or washing~~ with biopsy, single or multiple | revised | 000 | 2.76 (No Change) |
| | 43241 | with transendoscopic tube or catheter placement | | 000 | 2.65 (No Change) |
| | 43243 | ~~for~~ with injection sclerosis of esophageal and/or gastric varices | revised | 000 | 4.68 (No Change) |
| AD4 | •43244 | with band ligation of esophageal and/or gastric varices | new | 000 | 4.68 |
| | 43245 | ~~for~~ with dilation of gastric outlet for obstruction, any method | revised | 000 | 3.48 (No Change) |
| | 43246 | ~~for~~ with directed placement of percutaneous gastrostomy tube | revised | 000 | 4.44 (No Change) |
| | 43247 | ~~for~~ with removal of foreign body | revised | 000 | 3.48 (No Change) |
| AD5 | •43248 | with insertion of guide wire followed by dilation of esophagus over guide wire | new | 000 | 3.22 (AD3+.82) |
| AD6 | •43250 | with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | new | 000 | 3.58 |
| AD6-a | 43251 | ~~for~~ with removal of ~~polypoid~~ tumor(s), polyp(s) or other lesion(s) by snare technique | revised | 000 | 3.68 (No Change) |
| | 43255 | ~~for~~ with control of bleeding any method ~~hemorrhage (eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 4.51 (No Change) |
| AD7 | 43258 | with ~~for~~ ablation of tumor(s), polyp(s) or ~~mucosal~~ other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~(eg, electrocoagulation, laser, photocoagulation/ /fulguration)~~ | revised | 000 | 4.66 (No Change) |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| T1 | •43259 | with endoscopic ultrasound examination<br><br>(For radiological supervision and interpretation, see 76975) | new | 000 | 6.11<br>(See Tab 21) |
| | | (Surgical Endoscopy always includes diagnostic endoscopy) | | | |
| AD8 | 43260 | Endoscopic retrograde cholangiopancreatography (ERCP)~~,~~ ; diagnostic, with or without ~~biopsy and/or~~ collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 6.11<br>(No Change) |
| AD9 | •43261 | with biopsy, single or multiple | new | 000 | 6.42 |
| | 43262 | ~~for~~ with sphincterotomy/papillotomy | revised | 000 | 7.57<br>(No Change) |
| | 43263 | ~~for~~ with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) | revised | 000 | 6.34<br>(No Change) |
| | 43264 | ~~for~~ with endoscopic retrograde removal of stone(s) from biliary and/or prancreatic ducts | revised | 000 | 9.12<br>(No Change) |
| | 43265 | ~~for~~ with endoscopic retrograde destruction, lithotripsy of stone(s), any method | revised | 000 | 9.12<br>(No Change) |
| | 43267 | ~~for~~ with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube | revised | 000 | 7.57<br>(No Change) |
| | 43268 | ~~for~~ with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct | revised | 000 | 7.57<br>(No Change) |
| | 43269 | ~~for~~ with endoscopic retrograde removal of foreign body and/or change of tube~~,~~ or stent ~~or foreign body~~ | revised | 000 | 6.19<br>(No Change) |
| | 43271 | ~~for~~ with endoscopic retrograde ballon dilation of ampulla, biliary and/or pancreatic duct(s) | revised | 000 | 7.57<br>(No Change) |
| AD10 | 43272 | with ~~for~~ ablation of tumor(s), polyp(s) or ~~mucosal~~ other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~eg, laser, hot biopsy/fulguration)~~ | revised | 000 | 7.57<br>(No Change) |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | | MANIPULATION<br>(For associated esohagogram, use 74220) | | | |
| AD11 | 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes~~; initial session~~ | revised | 000 | 1.42<br>(No Change) |
| | 43451 | ~~Dilation of esophagus, by unguided sound or bougie, single or multiple passes; subsequent session~~<br>(43451 has been deleted. To report, use 43450) | deleted | 000 | N/A |
| | 43453 | Dilation of esophagus, over guide wire ~~or string~~ | revised | 000 | 1.55<br>(No Change) |
| | 43455 | ~~Dilation of esophagus, by balloon or dilators; under fluoroscopic guidance~~<br>(43455 has been deleted. To report, use 43220, 43458, 74360) | deleted | 000 | N/A |
| | 43456 | Dilation of esophagus, by balloon dilators; retrograde | revised | 000 | 3.61<br>(No Change) |
| AD12 | •43458 | Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia<br>(For dilation with balloon less than 30 mm diameter, use 43220)<br>(For radiological supervision and interpretation, see 74360) | new | 000 | 3.09 |
| | | STOMACH: INTRODUCTION | | | |
| | 43760 | Change of gastrostomy tube<br>(For endoscopic placement of gastrostomy tube, see 43246)<br>(For radiological supervision and interpretation, see 75984) | revised | 000 | 1.12<br>(No Change) |
| AD13 | •43762 | Manual removal of gastrostomy tube, without replacement<br>(For endoscopic placement of gastrostomy tube, see 43246) | new | 000 | No Recommendation |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | | ENDOSCOPY, SMALL BOWEL AND STOMAL<br><br>(For upper gastrointestinal endoscopy, see 43234-43258)<br><br>(Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 44360 | Small intestinal endoscopy, enteroscopy beyond second portion or duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 2.99<br>(No Change) |
| | 44361 | with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 3.31<br>(No Change) |
| | 44363 | with removal of foreign body | | 000 | 4.03<br>(No Change) |
| AD13-a | 44364 | with removal of tumor(s), polyp(s) or other lesion(s) by snare technique ~~polypoid lesion(s)~~ | revised | 000 | 4.22<br>(AD6a+.54) |
| AD14 | •44365 | with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forcepts or bipolar cautery | new | 000 | 4.12<br>(AD6 +.54) |
| | 44366 | with control of bleeding any method ~~hemorrhage (eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 5.10<br>(No Change) |
| AD15 | 44369 | with ablation of tumor(s) polyp(s) or ~~mucosal~~ other lesion(s) ~~(eg, laser, hot biopsy/fulguration)~~ not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | revised | 000 | 5.20<br>(AD7 +.54) |
| AD16 | •44376 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | new | 000 | 7.19 |
| AD17 | •44377 | with biopsy, single or multiple | new | 000 | 7.50 |
| AD18 | •44378 | with control of bleeding, any method | new | 000 | 8.50 |
| | | (Surgical endoscopy always includes diagnostic endoscopy) | | | |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 44380 | ~~Fiberoptic~~ Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 1.55 (No Change) |
| | 44382 | with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 1.86 (No Change) |
| | 44385 | ~~Fiberoptic~~ Endoscopic evaluation of small intestinal ~~(Kock)~~ (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 1.86 (No Change) |
| | 44386 | with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 2.17 (No Change) |
| | | (Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 44388 | ~~Fiberoptic~~ Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 2.89 (No Change) |
| | 44389 | with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 3.20 (No Change) |
| | 44390 | with removal of foreign body | | 000 | 3.92 (No Change) |
| | 44391 | with control of bleeding any method ~~hemorrhage (eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 4.43 (No Change) |
| AD18-a | 44392 | with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | revised | 000 | 3.81 (AD25-.90) |
| AD18-b | 44393 | with ablation of tumor(s), polyp(s), or other ~~mucosal~~ lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~(eg, laser, hot biopsy/fulguration)~~ | revised | 000 | 5.12 (AD24-.90) |
| AD19 | •44394 | with removal of tumor(s), polyp(s) or other lesion(s) by snare technique | new | 000 | 4.42 (AD26-.90) |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | RECTUM: ENDOSCOPY<br><br>PROCTOSIGMOIDOSCOPY is the examination of the rectum and sigmoid colon.<br><br>SIGMOIDOSCOPY is the examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.<br><br>COLONOSCOPY is the examination of the entire colon, from the rectum to the cecu, and may include the examination of the terminal ileum.<br><br>For an incomplete colonoscopy, with full preparation for a colonoscopy, use a colonoscopy code with the modifier -52 or 09952 and provide documentation | | | |
| | 45300 | Proctosigmoidoscopy, rigid; diagnostic with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 0.72<br>(No Change) |
| | 45302 | ~~with collection of specimen by brushing or washing~~<br><br>(45302 has been deleted. To report, see 45300) | deleted | 000 | N/A |
| | 45303 | with dilation, any method ~~direct, instrumental~~ | revised | 000 | 0.52<br>(No Change) |
| | 45305 | with biopsy, single or multiple | revised | 000 | 1.03<br>(No Change) |
| | 45307 | with removal of foreign body | | 000 | 1.75<br>(No Change) |
| AD20 | •45308 | with removal of single tumor, polyp or other lesion by hot biopsy forceps or bipolar cautery | new | 000 | 1.50 |
| AD21 | •45309 | with removal of single tumor, polyp or other lesion by snare technique | new | 000 | 1.96 |
| | 45310 | ~~with removal of polyp or papilloma~~<br><br>(45310 has been deleted. To report, see 45308, 45309) | deleted | 000 | N/A |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AD21-a | 45315 | with removal of multiple tumors, polyps or other lesion(s) by hot biopsy forceps, bipolar cautery or snare technique ~~exereseences, papillomata or polyps~~ | revised | 000 | 2.06 (No Change) |
| | 45317 | with control of bleeding, any method ~~hemorrhage (eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 2.80 (No Change) |
| AD21-b | 45320 | with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser) ~~(eg, electrocoagulation, photocoagulation, hot biopsy/fulguration)~~ | revised | 000 | 2.95 (No Change) |
| | 45321 | with decompression of volvulus | | 000 | 2.17 (No Change) |
| | | (Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 45330 | Sigmoidscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 0.98 (No Change) |
| | 45331 | with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 1.29 (No Change) |
| | 45332 | with removal of foreign body | | 000 | 2.01 (No Change) |
| AD21-c | 45333 | with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery ~~polypoid lesion(s)~~ | revised | 000 | 1.90 (AD25-2.81) |
| | 45334 | with control of bleeding, any method ~~(eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 3.06 (No Change) |
| | 45336 | ~~with ablation of tumor or mucosal lesion (eg, electrocoagulation, photocoagulation, hot biopsy/fulguration)~~<br><br>(45336 has been deleted. To report, use 45339) | deleted | 000 | N/A |
| | 45337 | with decompression of volvulus, any method | revised | 000 | 2.42 (No Change) |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AD22 | •45338 | with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | deleted | 000 | 2.51 (AD26-2.81) |
| AD23 | •45339 | with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | deleted | 000 | 3.21 (AD24-2.81) |
| | 45355 | Colonoscopy, rigid or flexible ~~with standard sigmoidscope~~, transabdominal via colotomy, single or multiple | revised | 000 | 3.61 (No Change) |
| | | (Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 45378 | Colonoscopy, ~~fiberoptic~~ flexible, ~~beyond~~ proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) | revised | 000 | 3.79 (No Change) |
| | 45379 | with removal of foreign body | | 000 | 4.83 (No Change) |
| | 45380 | with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 4.10 (No Change) |
| | 45382 | with control of bleeding, any method ~~hemorrhage (eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 5.87 (No Change) |
| AD24 | 45383 | with ablation of tumor(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~(eg, electrocoagulation, laser photocoagulation)~~ | revised | 000 | 6.02 (No Change) |
| AD25 | •45384 | with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | new | 000 | 4.71 |
| AD26 | 45385 | with removal of tumor(s), polyp(s), or other lesion(s) by snare technique ~~polypoid lesion(s)~~ | revised | 000 | 5.32 (No Change) |

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | ANUS: ENDOSCOPY<br><br>(Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 46600 | Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | revised | 000 | 0.52<br>(No Change) |
| | 46602 | ~~with collection of specimen by brushing or washing~~<br><br>(46602 has been deleted. To report, use 46600) | deleted | 000 | N/A |
| | 46604 | ~~for~~ with dilation, any method ~~, direct, instrumental~~ | revised | 000 | 1.34<br>(No Change) |
| | 46606 | ~~for~~ with biopsy, single or multiple | revised | 000 | 0.83<br>(No Change) |
| | 46608 | ~~for~~ with removal of foreign body | revised | 000 | 1.55<br>(No Change) |
| AD26-a | 46610 | ~~for~~ with removal of single tumor, polyp or other lesion by hot biopsy forceps or bipolar cautery | revised | 000 | 1.30<br>(AD20-.20) |
| AD27 | •46611 | with removal of single tumor, polyp, or other lesion by snare technique | new | 000 | 1.76<br>(AD21-.20) |
| AD27-a | 46612 | ~~for multiple polyp removal~~ with removal of multiple tumors, polyps, or other lesions, by hot biopsy forceps, bipolar cautery or snare technique | revised | 000 | 1.86<br>(AD21a-.20) |
| | 46614 | with ~~coagulation for~~ control of bleeding, any method ~~and/or fulguration of mucosal lesion~~ | revised | 000 | 2.06<br>(No Change) |
| AD28 | •46615 | with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | new | 000 | 2.75<br>(AD21b-.20) |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | | BILIARY TRACT: ENDOSCOPY<br><br>(Surgical endoscopy always includes diagnostic endoscopy) | | | |
| | 47552 | Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure) | revised | 000 | 6.19<br>(No Change) |
| | 47553 | ~~for~~ with biopsy, single or multiple ~~and/or collection of specimen by brushing or washing~~ | revised | 000 | 6.50<br>(No Change) |
| | 47554 | ~~for~~ with removal of stone(s) | revised | 000 | 9.28<br>(No Change) |
| | 47555 | ~~for~~ with dilation of biliary duct stricture(s) without stent<br><br>(For ERCP, see 43260-43272, 74363) | revised | 000 | 7.74<br>(No Change) |
| | 47556 | ~~for~~ with dilation of biliary duct stricture(s) with stent | revised | 000 | 8.77<br>(No Change) |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

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Tracking Number: AD1 CPT Code: •4320X Global Period: 000

CPT Descriptor: Esophagoscopy, rigid or flexible; with band ligation of esophageal varices

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged alcoholic patient with bleeding esophageal varices undergoes flexible esophagoscopy, with passage of overtube and band ligation of esophageal varices

Describe any Specialty Differences In the Description of the Typical Patient:

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KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43204 | Esophagoscopy, rigid or flexible fiberoptic (specify); for injection sclerosis of esophageal varices | 3.86 |

Relationship to Key Reference Service(s):

4320X is more complicated than injection procedure for esophageal varices. A more complicated instrument needs to be passed, and, if the band slips, there is a major disaster.

## SURVEY DATA

**SPECIALTY:** General Surgery

Median Intra-Service Time: 60 Low: 20 High: 120

Median Pre-Service Time: 45 Median Post-Service Time: 45

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

Tracking Number: AD1 CPT Code: 4320X

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 30 Low: 5 High: 60

Median Pre-Service Time: 20 Median Post-Service Time 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD2-b CPT Code: 43220 Global Period: 000

CPT Descriptor: Esophagoscopy, rigid or flexible ~~fiberoptic (specify)~~; with balloon (balloon less than 30 mm diameter) dilation ~~for dilation, direct, any method~~

(For endoscopic dilation with balloon 30 mm diameter or larger, use 43458)

(For dilation without visualization, use 43450-43458)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient with a peptic stricture of the distal esophagus undergoes flexible esophagoscopy, with passage of through-the-scope balloon dilator(s) and inflation of the balloon(s) to a diameter of approximately 15 mm.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43220 | Esophagoscopy, rigid or flexible; with balloon (balloon less than 30 mm diameter) dilation | 2.15 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 45 Low: 20 High: 60

Median Pre-Service Time: 20 Median Post-Service Time: 20

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

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Tracking Number: AD2-b CPT Code: 43220

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 20 Low: 5 High: 60

Median Pre-Service Time: 15 Median Post-Service Time 15

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD3 CPT Code: 43226 Global Period: 000

CPT Descriptor: Esophagoscopy, rigid or flexible ~~fiberoptic (specify)~~; ~~for~~ with insertion of guide wire ~~to guide~~ followed by dilation over guide wire

(For radiological supervision and interpretation, see 74360)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient, known to have a distal esophageal structure, undergoes flexible esophagoscopy to pass a guide wire into the stomach. Dilators of increasing diameter are then passed sequentially over the guide wire.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43200 | Esophagoscopy, rigid or flexible fiberoptic (specify); diagnostic procedure | 1.63 |
| 43453 | Dilation of esophagus, over guide wire or string | 1.55 |

Relationship to Key Reference Service(s):

The new descriptor for 43226 includes both esophagoscopy and dilation of the esophagus as described in 43200 and 43453.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The new descriptor for 43226 includes both esophagoscopy and dilation of the esophagus as described in 43200 and 43453. The recommended RVW of 3.18 represents the addition of existing RVWs for 43200 and 43453 (i.e., 1.63 + (1.55 x 50%) = 3.18

SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 45 Low: 20 High: 90

Median Pre-Service Time: 20 Median Post-Service Time: 18

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

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Tracking Number: AD3 CPT Code: 43226

SPECIALTY: Gastroenterology

Median Intra-Service Time: 20 Low: 5 High: 60

Median Pre-Service Time: 15 Median Post-Service Time 15

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Specialty

Tracking Number: AD4 CPT Code: 432X1 Global Period: 000

CPT Descriptor: Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices.

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged alcoholic patient with bleeding gastric varices undergoes flexible esophago-gastroduodenoscopy, with passage of overtube and band ligation of gastric varices.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43243 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for injection sclerosis of esophageal and/or gastric varices. | 4.68 |
| 43204 | Esophagoscopy, rigid or flexible fiberoptic (specify); for injection sclerosis of esophageal varices. | 3.86 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The recommended RVW is equal to that of 43243, the comparable procedure for injection sclerosis. Code 43243 was infrequently referred to as a reference service for 432X1, suggesting that respondents did not find it in their list of 108 reference services. Code 43204 was frequently used as a reference in the ASGE survey for new code 4320X (esophagoscopy ... with band ligation of esophageal varices) and, in that survey, they were given the same value. For these reasons, a value of 4.68 is recommended rather than the median value of 4.55.

SURVEY DATA:

Median Intra-Service Time: 30 Low: 5 High: 60

Median Pre-Service Time: 20 Median Post-Service Time: 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD6 CPT Code: •4325X Global Period: 000

CPT Descriptor: Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes flexible esophagogastroduodenoscopy and has a diminutive gastric polyp cauterized and removed by application of a hot biopsy forceps.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43239 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple | 2.76 |
| 43251 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 3.68 |

Relationship to Key Reference Service(s):

This service is slightly less difficult, technically, than 43251, but more difficult than 43239.

AD6

## SURVEY DATA

SPECIALTY: General Surgery

Median Intra-Service Time: 30 Low: 20 High: 90

Median Pre-Service Time: 18 Median Post-Service Time: 12

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

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Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

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Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

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# SURVEY DATA

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Tracking Number: AD6 CPT Code: 4325X

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 20 Low: 5 High: 60

Median Pre-Service Time: 15 Median Post-Service Time 15

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD6-a CPT Code: 43251 Global Period: 000

CPT Descriptor: Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; ~~for~~ with removal of ~~polypoid~~ tumor(s), polyp(s) or other lesion(s) by snare technique

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes flexible esophagogastroduodenoscopy and has a 1.0 cm. gastric polyp snared and removed. The polyp is retrieved with a snare, basket, or other grasping device.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43251 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 3.68 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

## SURVEY DATA

**SPECIALTY:** General Surgery

Median Intra-Service Time: 45 Low: 20 High: 90

Median Pre-Service Time: 20 Median Post-Service Time: 18

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

Tracking Number: AD6-a CPT Code: 43251

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 30 Low: 5 High: 60

Median Pre-Service Time: 20 Median Post-Service Time 15

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD7 CPT Code: 43258 Global Period: 000

CPT Descriptor: Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ~~for~~ ablation of tumor(s) polyp(s) or ~~mucosal~~ other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~(eg, electrocoagulation, laser, photocoagulation/ /fulguration)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient, who has a high surgical risk, undergoes laser treatment to ablate a duodenal villous adenoma.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43258 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s) or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 4.66 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 60 Low: 40 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 20

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

Tracking Number: AD7 CPT Code: 43258

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 45 Low: 20 High: 75

Median Pre-Service Time: 20 Median Post-Service Time 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD8 CPT Code: 43260 Global Period: 000

CPT Descriptor: Endoscopic retrograde cholangiopancreatography (ERCP); ; diagnostic, with or without ~~biopsy and/or~~ collection of specimen(s) by brushing or washing (separate procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient with a history of pancreatitis undergoes diagnostic ERCP to rule out choledocholithiasis and a pancreatic duct anomaly.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | 6.11 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code. ERCP very rarely includes a biopsy.

SURVEY DATA

SPECIALTY: General Surgery

Median Intra-Service Time: 90 Low: 40 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data:

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

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Tracking Number: AD8 CPT Code: 43260

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 45 Low: 5 High: 120

Median Pre-Service Time: 20 Median Post-Service Time 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD9 CPT Code: •4326X Global Period: 000

CPT Descriptor: Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient with a history of pancreatitis undergoes ERCP to rule out choledocholithiases and a pancreatic duct anomaly. An ampullary mass is found and biopsied.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | 6.11 |

Relationship to Key Reference Service(s):

4326X is more work than the endoscopic procedure without biopsy (43260). Includes obtaining biopsy(ies), which increases complexity of the procedure.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

ERCP very rarely includes a biopsy. The incremental increase in RVW for procedures with biopsy over procedures without biopsy (i.e., diagnostic) is 0.31. The consensus RVW recommendation of 6.42 is equal to the RVW of the diagnostic procedure (6.11) plus the incremental RVW difference for obtaining a biopsy (0.31).

SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 75 Low: 40 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

# SURVEY DATA

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Tracking Number: AD9 CPT Code: 4326X

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 55 Low: 5 High: 120

Median Pre-Service Time: 20 Median Post-Service Time 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD10 CPT Code: 43272 Global Period: 000

CPT Descriptor: Endoscopic retrograde cholangiopancreatography (ERCP); with ~~for~~ ablation of tumor(s), polyp(s) or ~~mucosal~~ other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~eg, laser, hot biopsy/fulguration)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient with a history of pancreatitis undergoes ERCP to rule out choledocholithiasis and a pancreatic duct anomaly. An ampullary mass is found and is ablated with laser treatment.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43272 | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 7.57 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA

SPECIALTY: General Surgery

Median Intra-Service Time: 90 Low: 50 High: 150

Median Pre-Service Time: 30 Median Post-Service Time: 20

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

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Tracking Number: AD10 CPT Code: 43272

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 60 Low: 40 High: 180

Median Pre-Service Time: 25 Median Post-Service Time 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD11 CPT Code: 43450 Global Period: 000

CPT Descriptor: Dilation of esophagus, by unguided sound or bougie, single or multiple passes; ~~initial session~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient with a long history of peptic esophageal stricture undergoes Hurst or Maloney dilation, without endoscopy.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes | 1.42 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA

SPECIALTY: General Surgery

Median Intra-Service Time: 30 Low: 15 High: 45

Median Pre-Service Time: 18 Median Post-Service Time: 18

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

Tracking Number: AD11 CPT Code: 43450

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 10 Low: 3 High: 30

Median Pre-Service Time: 10 Median Post-Service Time 10

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD12 CPT Code: •4345X Global Period: 000

CPT Descriptor: Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia

(For dilation with balloon less than 30 mm diameter, use 43220)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient with dysphagia, weight loss, and regurgitation has manometrically-documented achalasia. Endoscopy is performed to place a guide wire; the endoscope is withdrawn, a 33 mm. diameter balloon is passed over the guide wire, and the balloon is inflated to dilate the lower esophageal sphincter.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43220 | Esophagoscopy, rigid or flexible; with balloon (less than 30 mm diameter) dilation | 2.15 |
| 43455 | Dilation of esophagus, by balloon or dilator; under fluoroscopic guidance | 3.09 |

Relationship to Key Reference Service(s):

The procedure of dilation with a large balloon (4345X) is twice as difficult as dilation with a small balloon (43220) because of increased stress for iatrogenic injury. However, (4345X) does not include the insertion of the endoscope, as in 43220.

This procedure is similar in work and intensity to 43455, but is specific for achalasia.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The work in 43455, which represents dilation of the esophagus alone, is similar to the work of 4345X. There are separate codes for endoscopy and fluoroscopic guidance services.

## SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 42 Low: 20 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 25

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

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Tracking Number: AD12 CPT Code: 4345X

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 30 Low: 10 High: 60

Median Pre-Service Time: 25 Median Post-Service Time 30

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Specialty

Tracking Number: AD16 CPT Code: •443X1 Global Period: 000

CPT Descriptor: Small intestinal endoscopy, enteroscopy beyond second portion or duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 65-year old man has a history of recurrent obscure GI bleeding, requiring transfusions. He has had normal findings on both colonoscopy and upper endoscopy. You now pass a long enteroscope into the small intestine reaching the ileum. A diagnostic exam is performed.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43241 | EGD; with transendoscopic tube or catheter placement | 2.65 |
| 44360 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; diagnostic | 2.99 |
| 45378 | Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic, with or without colon decompression | 3.79 |
| 43262 | ERCP; for sphincterotomy/papillotomy | 7.57 |
| 43264 | ERCP; for removal of stone(s) from biliary and/or pancreatic ducts | 9.12 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Enteroscopy to ileum requires substantially more physician time than any other endoscopic procedure. The recommended value of 7.19 RVU's (0.27 less than the survey median) is chosen to maintain a consistent incremental value for biopsy (0.31), as the recommnded value for 443X2 is 7.50.

SURVEY DATA:

Median Intra-Service Time: 180 Low: 60 High: 420

Median Pre-Service Time: 30 Median Post-Service Time: 17

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AD17 CPT Code: •443X2 Global Period: 000

CPT Descriptor: Small intestinal endoscopy, enteroscopy beyond second portion or duodenum, including ileum; with biopsy, single or multiple

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 65-year old man has a history of recurrent obscure GI bleeding, requiring transfusions. He has had normal findings on both colonoscopy and upper endoscopy. You now pass a long enteroscope into the small intestine reaching the ileum. A diagnostic exam is performed. A lesion is found within the small bowel and a biopsy is performed.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43241 | EGD; with transendoscopic tube or catheter placement | 2.65 |
| 44361 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; with biopsy | 3.31 |
| 45380 | Colonoscopy, fiberoptic, beyond splenic flexure; with biopsy | 4.10 |
| 43262 | ERCP; for sphincterotomy/papillotomy | 7.57 |
| 43264 | ERCP; for removal of stone(s) from biliary and/or pancreatic ducts | 9.12 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Enteroscopy to ileum requires substantially more physician time than any other endoscopic procedure. The recommended value of 7.50 RVU's represents the median value from the survey.

SURVEY DATA:

Median Intra-Service Time: 180 Low: 60 High: 420

Median Pre-Service Time: 30 Median Post-Service Time: 17

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AD18 CPT Code: •443X3 Global Period: 000

CPT Descriptor: Small intestinal endoscopy, enteroscopy beyond second portion or duodenum, including ileum; with control of bleeding, any method

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 65-year old man has a history of recurrent obscure GI bleeding, requiring transfusions. He has had normal findings on both colonoscopy and upper endoscopy. You now pass a long enteroscope into the small intestine reaching the ileum. A diagnostic exam is performed. A bleeding lesion is found within the small bowel and the site is cauterized or injected.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43241 | EGD; with transendoscopic tube or catheter placement | 2.65 |
| 44366 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; with control of hemorrhage | 5.10 |
| 45382 | Colonoscopy, fiberoptic, beyond splenic flexure; with control of hemorrhage | 5.87 |
| 43262 | ERCP; for sphincterotomy/papillotomy | 7.57 |
| 43264 | ERCP; for removal of stone(s) from biliary and/or pancreatic ducts | 9.12 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Enteroscopy to ileum requires substantially more physician time than any other endoscopic procedure. The recommended value of 8.50 RVU's represents the median value from the survey.

SURVEY DATA:

Median Intra-Service Time: 180 Low: 60 High: 420

Median Pre-Service Time: 30 Median Post-Service Time: 17

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AD20 CPT Code: •453X1 Global Period: 000

CPT Descriptor: Proctosigmoidoscopy, rigid; with removal of single tumor, polyp or other lesion by hot biopsy forceps or bipolar cautery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes rigid proctosigmoidoscopy and has one diminutive polyp cauterized and removed by application of hot biopsy forceps.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45305 | Proctosigmoidoscopy; with biopsy | 1.03 |
| 45310 | Proctosigmoidoscopy; with removal of polyp or papilloma | 1.96 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The recommended value of 1.50 is midway between the two reference service values, 45305 representing proctosigmoidoscopy with "cold" biopsy and 45310 representing proctosigmoidoscopy with snare polypectomy.

SURVEY DATA:

Median Intra-Service Time: 15 Low: 5 High: 30

Median Pre-Service Time: 10 Median Post-Service Time: 10

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AD21 CPT Code: •453X2 Global Period: 000

CPT Descriptor: Proctosigmoidoscopy, rigid; with removal of single tumor, polyp or other lesion by snare technique

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes rigid proctosigmoidoscopy and has one pedunculated polyp snared and removed.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45310 | Proctosigmoidoscopy; with removal of polyp or papilloma | 1.96 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA:

Median Intra-Service Time: 18 Low: 5 High: 40

Median Pre-Service Time: 10 Median Post-Service Time: 10

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AD21-a CPT Code: 45315 Global Period: 000

CPT Descriptor: Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps or other lesion(s), by hot biopsy forceps, bipolar cautery or snare technique

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes rigid proctosigmoidoscopy and has three polyps, 3-10 mm. diameter, removed.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45315 | Proctosigmoidoscopy; with removal of multiple excrescences, papillomata or polyps | 2.06 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA:

Median Intra-Service Time: 25 Low: 12 High: 45

Median Pre-Service Time: 10 Median Post-Service Time: 10

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

Tracking Number: AD21-b CPT Code: 45320 Global Period: 000

CPT Descriptor: Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient, who has a high surgical risk, undergoes rigid proctosigmoidoscopy and laser treatment of a bulky villous adenoma of the rectum.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45320 | Proctosigmoidoscopy; with ablation of tumor (eg, electrocoagulation, photocoagulation, hot biopsy/fulguration) | 2.95 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA:

Median Intra-Service Time: 45 Low: 5 High: 90

Median Pre-Service Time: 15 Median Post-Service Time: 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD24 CPT Code: 45383 Global Period: 000

CPT Descriptor: Colonoscopy, ~~fiberoptic~~ flexible, ~~beyond~~ proximal to splenic flexure; with ablation of tumor(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique ~~(eg, electrocoagulation, laser photocoagulation)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

An elderly patient, who has a high surgical risk, undergoes laser treatment to ablate a bulky villous adenoma with severe atypia located at the hepatic flexure.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45383 | Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 6.02 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA

SPECIALTY: General Surgery

Median Intra-Service Time: 90 Low: 60 High: 120

Median Pre-Service Time: 30 Median Post-Service Time: 20

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# SURVEY DATA

Tracking Number: AD24 CPT Code: 45383

**SPECIALTY :** Gastroenterology

Median Intra-Service Time: 60 Low: 30 High: 120

Median Pre-Service Time: 20 Median Post-Service Time 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD25 CPT Code: •453X5 Global Period: 000

CPT Descriptor: Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes colonoscopy and has three diminutive polyps, scattered throughout the colon; they are cauterized and removed by application of a hot biopsy forceps.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45385 | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | 5.32 |
| 45380 | Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple | 4.10 |

Relationship to Key Reference Service(s):

This procedure is less work than snaring a tumor as in 45385, but more work than a simple biopsy (45380).

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This service is similar in work to 45385 and 45380. The recommended RVW of 4.71 is midway between the RVWs for a snare polypectomy and a cold biopsy.

# SURVEY DATA

Tracking Number: AD25 CPT Code: 453X5

SPECIALTY: Gastroenterology

Median Intra-Service Time: 40 Low: 5 High: 120

Median Pre-Service Time: 15 Median Post-Service Time 15

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 60 Low: 37 High: 120

Median Pre-Service Time: 20 Median Post-Service Time: 12

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AD26 CPT Code: 45385 Global Period: 000

CPT Descriptor: Colonoscopy, ~~fiberoptic~~ flexible, ~~beyond~~ proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique ~~polypoid lesion(s)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A middle-aged patient undergoes colonoscopy and has two 6-12 mm diameter polyps removed by snare, and retrieved.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 45385 | Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | 5.32 |

Relationship to Key Reference Service(s):

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

# SURVEY DATA

Tracking Number: AD26 CPT Code: 45385

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 40 Low: 5 High: 120

Median Pre-Service Time: 15 Median Post-Service Time 15

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

SURVEY DATA

SPECIALTY: General Surgery

Median Intra-Service Time: 60 Low: 30 High: 120

Median Pre-Service Time: 20 Median Post-Service Time: 15

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## GASTROINTESTINAL ENDOSCOPIC ULTRASOUND - TAB 21

The RUC asked for a second survey to be conducted of the work involved in new code 43259 because respondents to the first survey did not appear to have a clear understanding of what they were rating. The code applies to upper endoscopy only and the second survey yielded a fairly tight distribution of responses around the RUC-recommended value of 6.11, which is equivalent in value to endoscopic retrograde cholangiopancreatography (ERCP). The recommended value for the endoscopic ultrasound procedure also includes the work of the upper GI endoscopy that would be performed on the same day and has a value of 2.45. The RUC's discussion of the recommendation included an extensive discussion of the clinical nature and complexity of performing endoscopic ultrasound.

The RUC recommends a value of 1.02 for the new code 76975 for radiological supervision and interpretation of gastrointestinal endoscopic ultrasound. 76975 involves more work than 76700 (complete abdominal ultrasound examination) and it is closer to 76805 (complete obstetric ultrasound examination).

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 43235 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; ~~complex~~ diagnostic with or without collection of specimen(s) by brushing or washing (separate procedure) | | 000 | 2.45 (No Change) |
| T1 | •43259 | with endoscopic ultrasound examination | new | 000 | 6.11 |
| T2 | •76975 | Gastrointestinal endoscopic ultrasound, radiological supervision and interpretation<br><br>(For procedure, see 43259) | new | XXX | 1.02 |

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: T1 CPT Code: •432XX Global Period: 000

CPT Descriptor: Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Upper endoscopy in a 60 y/o woman with history of alcoholism, abdominal pain, early satiety and weight loss reveals irregular, thickened folds in the gastric cardia and fundus, and a 3 cm. submucosal mass in the distal antrum. Endoscopic ultrasound is performed to evaluate the folds (? varices, ? lymphoma) and the mass (? benign or malignant neoplasm, ? surrounding adenopathy).

Service includes discussion with patient and family re: indications, risks and alternatives for procedure; passage of ultrasound endoscope, adjustment of transducer balloon, installation of water into stomach, manipulation of instrument to obtain ultrasound images; recording and documenting still and video images; discussion of findings.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43235 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; complex diagnostic | 2.45 |
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP), with or without biopsy and/or collection of specimen | 6.11 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Endoscopic ultrasound (EUS) thought to be comparable overall to diagnostic ERCP. EUS equipment more complex, time of procedure similar, risk of complication less. EUS routinely includes a separate upper endoscopy; ERCP does not.

SURVEY DATA:

Median Intra-Service Time: 55 Low: 30 High: 90

Median Pre-Service Time: 20 Median Post-Service Time: 20

Length of Hospital Stay: Not applicable

Number & Level of Post-Hospital Visits: Not applicable

Other Data: None

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: T2 CPT Code: 76XXX Global Period: XXX

CPT Descriptor:

Gastrointestinal endoscopic ultrasound, radiologic supervision and interpretation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

1. Patient with cancer of the esophagus. Once the esophageal tumor is discovered, an ultrasound scan is performed to evaluate the extent of local invasion and the presence of enlarged lymph nodes.
2. Patient with suspected pancreatic tumor. From an endoscope placed in the stomach, an ultrasound scan of the pancreas is performed through the stomach to search for a small pancreatic neoplasm.
3. Upper endoscopy of a sixty year old woman with history of alcoholism, abdominal pain, early satiety and weight loss reveals irregular, thickened folds in the gastric cardia and proximal fundus, and a 3 cm. submucosal mass in the distal antrum. Endoscopic ultrasound is performed to evaluate the folds (? varices) and the mass.
4. A fifty year old man with Barrett's esophagus has a distal esophageal nodule proven to be adenocarcinoma. Endoscopic ultrasound is done to determine depth of tumor penetration and presence of adenopathy.

Describe any Specialty Differences in the Description of the Typical Patient: None

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 76700 | Echography, abdominal, B-scan and/or real time with image documentation; complete | 0.83 |
| 76805 | Echography, pregnant uterus, B-scan and/or real time with image documentation; complete | 1.01 |
| 74160 | Computerized axial tomography, abdomen; with contrast material | 1.30 |
| 76872 | Echography, transrectal | 0.71 |
| 76770 | Echography, retroperitoneal, B-scan and/or real time with image documentation; complete | 0.76 |

Relationship to Key Reference Service(s):

Code 76XXX is more physician time intensive than 76700 (complete abdominal ultrasound examination), although anatomically similar. The physician's time and effort is closer to code 76805 (complete obstetric ultrasound examination).

## SURVEY DATA

**SPECIALTY:** Radiology

Median Intra-Service Time: 45 min. Low: 20min. High: 90 min.

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

**SPECIALTY:** Gastroenterology

Median Intra-Service Time: 30 min. Low: High:

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

**SPECIALTY SOCIETY:**

Sample Size: Response Rate (%): Median RVW:

25th Percentile RVW: 75th Percentile RVW: Low: High:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Stomach Excisions | | | | | |
| | | The RUC's discussion of these codes focused both on the relationships of the five codes to one another and to the key reference services, as well as on the appropriateness of the existing, published relative values for these codes. The RUC found the rationale for increasing the values from their current levels to be quite compelling. Although codes for these services have been in existence for a long time, advances in endoscopic surgery and medical treatment have decreased the need for open procedures of the stomach while significantly increasing the severity of the conditions requiring such surgery and the physician work involved in them. A detailed rationale for the increase is included in Tab 9. Multiple surveys were conducted of the work involved in these services, with the result being that the median values forming the basis for these recommendations reflected the views of more than 60 respondents, which is double the number required by the RUC. | | | |
| K1 | 43610 | Excision, local, of ulcer or benign tumor of stomach | revised | 090 | 13.00 |
| K2 | +43611 | malignant tumor of stomach | new | 090 | 16.00 |
| K3 | 43620 | Gastrectomy, total; including intestinal anastomosis with esophagoenterostomy | revised | 090 | 23.50 |
| K4 | +43621 | with Roux-en-Y reconstruction | new | 090 | 24.00 |
| K5 | +43622 | with formation of intestinal pouch, any type | new | 090 | 25.50 |

CPT five-digit codes, two digit modifiers, and descriptions only are copyright by the American Medical Association.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: K1 CPT Code: 43610 Global Period: 090 *Recommended RVW:* 13.00

CPT Descriptor: Excision, local; ~~of~~ ulcer or benign tumor of stomach

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

50-year-old male with upper GI bleeding with endoscopic documentation of a 2.5 cm prepyloric, lesser curvature ulcer, unresponsive to medical control of the bleeding.

Day of Surgery: Recovery Room 15-30 minutes. No ICU usually
Day of Surgery: Floor 15 minutes
Day 1-6: Floor 15-20 minutes per visit
Day 7: Floor 30 minutes
Office visits: 3-4 post discharge

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44005 | Enterolysis (freeing or intestinal adhesion) (separate procedure) | 12.83 |
| 32500 | Wedge resection of lung, single or multiple | 13.42 |
| 43610 | Excision, local, or ulcer or tumor of stomach | 10.35 |
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type | 19.61 |
| 43620 | Gastrectomy, total; including intestinal anastomosis | 21.54 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This surgical procedure is no longer a descriptor for a simple excision of a benign gastric lesion as it was in the past. (i.e. bleeding polyp or benign polyp) as endoscopy is now the procedure of choice. H2 blockers have markedly decreased the incidence of gastric ulcer surgery and endoscopic control of bleeding has created the same effect. Therefore surgery under this code is more emergent, in less stable patients (hemodynamically) requiring more complex time consuming evaluation and post-operative care.

SURVEY DATA:

Median Intra-Service Time: 120 min. Low: 20 min. High: 300 min.

Median Pre-Service Time: 90 min. Median Post-Service Time: 150 min.

Length of Hospital Stay: 6 days

Number & Level of Post-Hospital Visits: 3 visits, CPT code 99231

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: K2 CPT Code: 436XX Global Period: 090 *Recommended RVW:* 16.00

CPT Descriptor: Excision, local; malignant tumor of stomach

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

68-year-old male with endoscopically proven carcinoma of the stomach now presenting hepatic and pulmonary metastasis with simultaneous uncontrolled hemorrhage for ulcer.

Day of Surgery: Recovery Room 15-30 minutes
Day of Surgery: ICU 20 minutes
Day 1-2: ICU 20 minutes
Day 3-6: Floor 15-30 minutes
Day 7: Floor 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44005 | Enterolysis (freeing or intestinal adhesion) (separate procedure) | 12.83 |
| 32500 | Wedge resection of lung, single or multiple | 13.42 |
| 43610 | Excision, local, of ulcer or tumor of stomach | 10.35 |
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type | 19.61 |
| 43620 | Gastrectomy, total; including intestinal anastomosis | 21.54 |
| 44140 | Colectomy, partial; with anastomosis | 17.50 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This surgical procedure is no longer a descriptor for a simple excision of a malignant gastric lesion, as it was in the past (i.e., bleeding malignant polyp), as endoscopy is now the procedure of choice. If the polyp shows invasion of the wall of the stomach, then a different procedure for curative purposes is indicated. This procedure therefore refers to a bulky, possibly bleeding or obstructive lesion of the stomach with operative treatment being palliative only. Surgery under this code usually is more emergent, in less stable patients hemodynamically, and in nutritionally depleted patients requiring more intensive preoperative evaluation and postoperative care.

SURVEY DATA:

Median Intra-Service Time: 150 min. Low: 20 min. High: 300 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 180 min.

Length of Hospital Stay: 8 days

Number & Level of Post-Hospital Visits: 4 visits, CPT code 99232

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: K3 CPT Code: 43620 Global Period: 090 *Recommended RVW:* 23.50

CPT Descriptor: Gastrectomy, total; ~~including intestinal anastomosis~~ with esophagoenterostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old with history of 10 lb weight loss, epigastric pain, endoscopically proven 3 cm adenocarcinoma of the lesser curvature of the stomach. CT scan of lower thorax and upper abdomen reveals no obvious nodal involvement or contiguous organ involvement.

Day of Surgery: Recovery Room 20-30 minutes
Day of Surgery: ICU 15 minutes
Day 1-4: ICU 15-30 minutes
Day 5-9: Floor 20 minutes
Day 10: Floor 25-30 minutes

Patients require central line placement, fluid and electrolyte management, intravenous hyperalimentation. Probable initial 18 to 36 hours of assisted ventilation. These are managed by the surgeon in most situations.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43620 | Gastrectomy, total; including intestinal anastomosis | 21.54 |
| 45110 | Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages | 22.21 |
| 48150 | Pancreatectomy, proximal subtotal, with pancreaticoduodenectomy (whipple type procedure), and pancreatic jejunostomy | 30.95 |
| 44155 | Colectomy total, abdominal, with proctectomy; with ileostomy | 22.63 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This procedure is primarily done for malignant disease and formerly it was done for GI bleeding and carcinoma. In the malignant situation the operation is longer and the pre & postoperative care are more prolonged because of the maligant process. This requires coordinating probable chemo and radiation services as well.

SURVEY DATA:

Median Intra-Service Time: 225 min. Low: 75 min. High: 360 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 240 min.

Length of Hospital Stay: 10 days

Number & Level of Post-Hospital Visits: minimum of 4 visits, CPT code 99232

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: K4 CPT Code: 436X1 Global Period: 090 *Recommended RVW:* 24.00

CPT Descriptor: Gastrectomy, total; with Roux-en-Y reconstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old with history of 10 lb weight loss, epigastric pain, endoscopically proven 3 cm adenocarcinoma of the lesser curvature of the stomach. CT scan of lower thorax and upper abdomen reveals no obvious nodal involvement or contiguous organ involvement.

Day of Surgery: Recovery Room 20-30 minutes
Day of Surgery: ICU 15 minutes
Day 1-4: ICU 15-30 minutes
Day 5-9: Floor 20 minutes
Day 10: Floor 25-30 minutes

Patients require central line placement, fluid and electrolyte management, intravenous hyperalimentation. Probable initial 18 to 36 hours of assisted ventilation. These are managed by the surgeon in most situations.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43620 | Gastrectomy, total; including intestinal anastomosis | 21.54 |
| 45110 | Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages | 22.21 |
| 48150 | Pancreatectomy, proximal subtotal, with pancreaticoduodenectomy (whipple type procedure), and pancreatic jejunostomy | 30.95 |
| 44155 | Colectomy, total, abdominal, with proctectomy; with ileostomy | 22.63 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Same as 43620. but the operative procedure is longer, because of 2 more gastrointestinal anastomoses

SURVEY DATA:

Median Intra-Service Time: 240 min. Low: 75 min. High: 390 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 240 min.

Length of Hospital Stay: 11 days

Number & Level of Post-Hospital Visits: minimum of 4 visits, CPT code 99232

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: K5 CPT Code: 436X2 Global Period: 090 *Recommended RVW:* 25.50

CPT Descriptor: Gastrectomy, total; with formation of intestinal pouch, any type

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old with history of 10 lb weight loss, epigastric pain, endoscopically proven 3 cm adenocarcinoma of the lesser curvature of the stomach. CT scan contiguous organ involvement.

Day of Surgery: Recovery Room 20-30 minutes
Day of Surgery: ICU 15 minutes
Day 1-4: ICU 15-30 minutes
Day 5-9: Floor 20 minutes
Day 10: Floor 25-30 minutes

Patinets require central line placement, fluid and electrolyte management, intravenous hyperalimentation. Probable initial 18 to 36 hours of assisted ventilation. These are managed by the surgeon in most situations.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43620 | Gastrectomy, total; including intestinal anastomosis | 21.54 |
| 45110 | Proctectomy; complete, combined abdominoperineal with colostomy, one or two stages | 22.21 |
| 48150 | Pancreatectomy, proximal subtotal, with pancreaticoduodenectomy (whipple type procedure), and pancreatic jejunostomy | 30.95 |
| 44155 | Colectomy, total, abdominal, with proctectomy; with ileostomy | 22.63 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Same as 43620, but the operative procedure is longer and more difficult. It requires not only the 2 more gastrointestinal astomoses of 436X1, but it also entails the construction of a gastric pouch from the jejunum. The increase in work value is directly related to intraoperative work increase.

SURVEY DATA:

Median Intra-Service Time: 270 min. Low: 70 min. High: 420 min.

Median Pre-Service Time: 90 min. Median Post-Service Time: 240 min.

Length of Hospital Stay: 11 days

Number & Level of Post-Hospital Visits: minimum of 4 visits, CPT code 99232

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## GASTRECTOMY - TAB 27

In evaluating the new and revised codes for partial gastrectomy, the RUC separately considered the relationships between the codes and the rationale presented for changing the work values for these procedures from their current level. The increments of work for Roux-en-Y reconstruction and formation of intestinal pouch are the same as those recommended by the RUC for these procedures when they are done for total gastrectomy.

The RUC provided a separate rationale for increasing the work values of the gastrectomy codes with its June submission. This rationale described the changes in the nature, scope, and difficulty of gastrectomy over the past 20 years due to advances in endoscopic surgery and pharmacologic management of gastric disorders. At its June meeting, the RUC reaffirmed its acceptance of this rationale, which is included in Tab 27 of this notebook.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 43625 | ~~Gastrectomy, total; with repair by intestinal implants~~<br><br>(43625 has been deleted. To report, see 43634) | deleted | 090 | N/A |
| | 43630 | ~~Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; without vagotomy~~<br><br>(43630 has been deleted. To report, see 43631-43634) | deleted | 090 | N/A |
| AC1 | •43631 | Gastrectomy, partial, distal; with gastroduodenostomy | new | 090 | 20.64 |
| AC2 | •43632 | with gastrojejunostomy | new | 090 | 20.64 |
| AC3 | •43633 | with Roux-en-Y reconstruction | new | 090 | 21.14 |
| AC4 | •43634 | with formation of intestinal pouch | new | 090 | 22.64 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AC5 | 43635 | ~~with vagotomy, any type~~<br><br>Vagotomy with partial distal gastrectomy<br><br>(List separately in addition to code(s) for primary procedure) (Use 43465 only with 43631-43634) | revised | ZZZ | No Recommendation |
| AC6 | 43638 | ~~Hemigastrectomy or~~ Gastrectomy, partial, proximal, ~~subtotal gastrectomy,~~ thoracic or abdominal approach including esophagogastrostomy, with vagotomy; | revised | 090 | 22.13 |
| AC7 | •43639 | with pyloroplasty or pyloromyotomy<br><br>(For regional thoracic lymphadenectomy, see 38746)<br><br>(For regional abdominal lymphadenectomy, see 38747) | new | 090 | 22.63 |

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43631-43639

Partial Gastrectomy Codes

The nature, scope, complexity and difficulty of gastric surgery has changed over the past 20 years. These changes are due primarily to the advances in endoscopic surgery and pharmacologic management of gastric disorders. Gastric surgery today is done primarily for malignant disease, life threatening hemorrhage, or chronic virulent ulcer disease unresponsive to medical management. Partial gastric resection for ulcer disease in the '90s is performed only for severe anatomical disruption (i.e. gastric outlet obstruction, erosion of ulcer into pancreas or liver) making the surgeons' intra-service and post-service times longer than in the '60s and '70s. Gastric surgery for ulcer disease is today the unusual rather than the usual with the advent of parietal cell vagotomy and $H_2$ blockers, gastric resection has diminished considerably in frequency.

The various codes and their descriptors represent the various anatomic re-arrangements that are performed by the surgeon in dealing with these disease processes. The choice of procedure is dependent upon the surgeon's skill, judgement, and pathologic presentation of the disease process.

Also see Tab 9 of the June notebook regarding Total Gastrectomy.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AC1 CPT Code: 43X1 Global Period: 090

CPT Descriptor: Gastrectomy, partial, distal; with gastroduodenostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

68-year-old retired salesman (50 pack per year history) presents with gastric outlet obstruction. He has had a 20 pound weight loss in the last three months, known peptic ulcer disease, and has been treated with H2 blockers. Despite medical advice, he has continued to smoke and drink socially until this past week when he has been unable to keep anything down.

Initial lab studies reveal: K+ 3.0 mEq/L; total protein 5.0 gm/dl; albumin 2.5 gm/dl; Hgb 10.8 gm/dl; and ABG's reveals metabolic alkalosis. Pulmonary function tests reveal mild COPD.

At operation, large pre-pyloric anterior/superior benign ulcer was found. Antrectomy with gastroduodenostomy was performed.

Postoperatively, the patient requires 24-hour ventilatory support, fluid replacement to establish acid/base balance, and nutritional support for five days.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type | 19.61 |
| 43855 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy | 19.61 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This service is usually associated with a patient whose disease is in a more advanced stage, representing failed medical treatment and/or malignancy, and who requires longer operative time, more postop care, and a longer hospital stay than a patient of previous decades.

**SURVEY DATA:**

Median Intra-Service Time: 150 Low: 40 High: 360

Median Pre-Service Time: 75 Median Post-Service Time: 189

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 2 x 99213 and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AC2 CPT Code: 436X2 Global Period: 090

CPT Descriptor: Gastrectomy, partial, distal; with gastrojejunostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This is the same patient as 436X1 except that his ulcer is postbulbar in location with penetration posteriorly into the pancreas making gastroduodenostomy unsafe. Therefore, the duodenum is closed and gastrojejunostomy is performed.

The patient follows the same postoperative course as stated in case 436X1.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type | 19.61 |
| 43855 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy | 19.61 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This service is usually associated with a patient whose disease is in a more advanced stage, representing failed medical treatment and/or malignancy, who require longer operative time, more postop care, and a longer hospital stay than a patient of previous decades.

**SURVEY DATA:**

Median Intra-Service Time: 180 Low: 40 High: 390

Median Pre-Service Time: 75 Median Post-Service Time: 189

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 2 x 99213 and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AC3 CPT Code: 436X3 Global Period: 090

CPT Descriptor: Gastrectomy, partial, distal; with Roux-en-Y reconstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This is a 68-year-old male who presents as "failure of medical management" of his chronic peptic ulcer disease with known "chronic gastritis" and "duodenal ulcer" by upper GI endoscopy. Laboratory values are all normal except for PFT's revealing decreased FEV1 with obstructive component responding to bronchodilators.

At operation, the surgeon feels "gastritis" is more of a contributing factor of the patient's pain and elects to perform definitive ulcer operation as well as provide "protection" from reflux gastritis. Therefore, antrectomy is accomplished and Roux-en-Y reconstruction for gastrojejunostomy.

The patient requires 48-hour ventilatory support and five days of nutritional support postoperatively.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type | 19.61 |
| 43855 | Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy | 19.61 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This service is usually associated with a patient whose disease is in a more advanced stage, representing failed medical treatment and/or malignancy, who require longer operative time, more postop care, and a longer hospital stay than a patient of previous decades. Also, an additional anastomosis has been performed compared with 436X1 and 436X2.

**SURVEY DATA:**

Median Intra-Service Time: 200 Low: 50 High: 390

Median Pre-Service Time: 60 Median Post-Service Time: 225

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 2 x 99213 and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AC4 CPT Code: 43634 Global Period: 090

CPT Descriptor: Gastrectomy, partial, distal; with formation of intestinal pouch

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

68-year-old male is seen in office consultation with complaints of chronic epigastric pain associated with 25 lb. weight loss and early satiety. Physical examination reveals a cachectic male with epigastric mass. Outpatient work up confirms large fungating adenocarcinoma of distal two-thirds of stomach by UGI endoscopy. CT of abdomen confirms mass not to extend to liver. Patient is admitted and pre-op TPN begun. At operation, an extensive subtotal gastrectomy is carried out from the cardia to the pylorus. In order to maintain a gastric reservoir, an "intestinal pouch" is created to enhance an improved nutritional state. Patient requires ventilatory support and hemodynamic monitoring for 72 hours. Nutritional support is required for an additional seven days.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43625 | Gastrectomy, total; with formation of intestinal pouch, any type | 25.50 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This service is comparable, but less work than 43625.

**SURVEY DATA:**

Median Intra-Service Time: 240 Low: 55 High: 450

Median Pre-Service Time: 90 Median Post-Service Time: 300

Length of Hospital Stay: 12

Number & Level of Post-Hospital Visits: 3 x 99213 and 3 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AC6 CPT Code: 43638 Global Period: 090

CPT Descriptor: ~~Hemigastrectomy or proximal, subtotal~~ Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

55-year-old male is seen in consultation after having undergone UGI endoscopy in which a biopsy-proven adenocarcinoma of the fundus has been diagnosed. CT reveals mass to extend toward diaphragm and esophagus. At operation, an en-bloc resection is carried out. A neo-esophagogastrostomy is created. Normal postoperative course in ICU with assisted ventilation for 24 hours and intravenous hyperalimentation for five days.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43620 | Gastrectomy, total; with esophagoenterostomy | 23.50 |
| 43638 | Hemigastrectomy or proximal, subtotal gastrectomy, thoracic or abdominal approach | 20.64 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

In today's practice of surgery, this service is most commonly done for gastric malignancy, as opposed to recent decades, where the service was provided for benign disease.

**SURVEY DATA:**

Median Intra-Service Time: 240 Low: 50 High: 570

Median Pre-Service Time: 60 Median Post-Service Time: 199

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 2 x 99213 and 3 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AC7 CPT Code: 436X5 Global Period: 090

CPT Descriptor: Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy; with pyloroplasty or pyloromyotomy

(For regional thoracic lymphadenectomy, see 387X1)

(For regional abdominal lymphadenectomy, see 387X2)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

55-year-old male is seen in consultation after having undergone UGI endoscopy in which a biopsy-proven adenocarcinoma of the fundus has been diagnosed. CT reveals mass to extend toward diaphragm and esophagus. At operation, an en-bloc resection is carried out encompassing the gastroesophageal junction including the anterior and posterior trunks of the vagus nerve. since gastric emptying will be apparently affected postoperatively, the surgeon deems the addition of a pyloroplasty or pyloromyotomy to the definitive procedure, as appropriate. Postoperative course requires ventilatory support for 24-48 hours with nutritional and fluid support for five days.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 43620 | Gastrectomy, total; with esophagoenterostomy | 23.50 |
| 43638 | Hemigastrectomy or proximal, subtotal gastrectomy, thoracic or abdominal approach | 20.64 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

In today's practice of surgery, this service is most commonly done for gastric malignancy, as opposed to recent decades, where the service was provided for benign disease. Also, there is an additional surgical procedure, compared to 43638.

**SURVEY DATA:**

Median Intra-Service Time: 240 Low: 50 High: 570

Median Pre-Service Time: 60 Median Post-Service Time: 200

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 2 x 99213 and 3 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF1 CPT Code: •480X1 Global Period: 000

CPT Descriptor: Resection or debridement of pancreas or peripancreatic tissue for pancreatitis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 63-year-old male is seen in consultation for severe abdominal pain and suspected peritonitis. The patient has been on N-G suction and fluid replacement for four days and continues febrile tachycardic with markedly elevated lipase and amylase. White blood cell counts have continued to be elevated with "left shift" progressive to a higher percentage of neutrophils and immature forms. CT reveals edematous pancreas with fluid in lesser sac and around the left kidney. "Stippling" of pancreas is also noted suggesting possible necrosis.

At operation, a necrotic pancreas is identified requiring resection of the tail of pancreas of debridement of body of pancreas with the appropriate drainage.

Postoperative course requires ventilatory support for 48-72 hours and TPN for ten days. Additionally, antibiotics are required.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48000 | Drainage of abdomen for pancreatitis | 13.42 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

After reviewing the comments that accompanied the completed surveys for this service and after additional ACS committee discussions relative to this service, it has been determined that the vignette, as presented, does not describe the typical patient in need of this service. The survey data are not presented because of the vignette's inaccuracy of description of the typical patient.

The typical patient that requires this service is critically ill and operative therapy may be required more than once during patient's hospitalization. Typically, the patient requires critical care management for 14 days and total hospitalization may be up to 45 days. The mortality for this type of patient is approximately 50%.

The committee's recommendation is to change this service to a procedure with a global period of 000 days and assign an RVW comparable to 48000.

SURVEY DATA:

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF2 CPT Code: •480X2 Global Period: 000

CPT Descriptor: Placement of drains, peripancreatic; with cholecystostomy, gastrostomy, and jejunostomy for acute pancreatitis

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The same patient as 480X1 except at operation extensive necrosis and hemorrhagic pancreatitis is encountered. The surgeon feels that complete pancreatic-duodenal exclusion is mandatory and elects additionally to perform cholecystostomy, gastrostomy, and jejunostomy.

Postoperatively, the patient requires 96 hour ventilatory support, TPN, somatostatin, and extensive fluid and electrolyte management.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48000 | Drainage of abdomen for pancreatitis | 13.42 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

After reviewing the comments that accompanied the completed surveys for this service and after additional ACS committee discussions relative to this service, it has been determined that the vignette, as presented, does not describe the typical patient in need of this service. The survey data are not presented because of the vignette's inaccuracy of description of the typical patient.

The typical patient that requires this service is critically ill and operative therapy may be required more than once during patient's hospitalization. Typically, the patient requires critical care management for 14 days and total hospitalization may be up to 45 days. The mortality for this type of patient is approximately 50%.

The committee's recommendation is to change this service to a procedure with a global period of 000 days and assign an RVW slightly higher than 48000. The increased work value over abdominal drainage is secondary to the additional procedures of cholecystostomy, gastrostomy, and jejunostomy.

SURVEY DATA:

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF3 CPT Code: 48100 Global Period: 090

CPT Descriptor: Biopsy of pancreas, open, ~~(separate procedure)~~ any method (eg, fine needle aspiration, needle core biopsy, wedge biopsy)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

46-year-old male presents with midepigastric and upper back pain. CT scan demonstrates enlargement of the head of the pancreas. There is no intrahepatic or extrahepatic biliary ductal dilatation. alkaline phosphates are the only hepatic enzyme elevation. He has had a 20 lb. weight loss. At operation, open wedge biopsy and core needle biopsy transduodenally reveal only histologic evidence of chronic pancreatitis. There is no evidence of cholelithiasis or choledocholithiasis. The remainder of the abdominal exploration is within normal limits.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48100 | Biopsy of pancreas, open, any method (eg, fine needle aspiration, needle core biopsy, wedge biopsy) | 10.44 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA:

Median Intra-Service Time: 105 Low: 50 High: 210

Median Pre-Service Time: 60 Median Post-Service Time: 90

Length of Hospital Stay: 6

Number & Level of Post-Hospital Visits: 1 x 99213 and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF4 CPT Code: 48148 Global Period: 090

CPT Descriptor: Excision of ampulla of Vater ~~, simple~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

67-year-old female with epigastric discomfort and minimal serum hyperbilirubinemia (bilirubin 4.5 mgm%). Ultrasound of the abdomen is negative for cholelithiasis, choledocholithiasis, or pancreatic enlargement. Upper GI series shows a duodenal deformity. Endoscopy reveals a villous adenoma of the ampulla. Operatively, this requires a resection of the ampulla of Vater and a plastic reconstruction transduodenally.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48148 | Excision of ampulla of Vater | 14.76 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Key reference service and new descriptor are the same service. This is considered an editorial change to the existing code.

SURVEY DATA:

Median Intra-Service Time: 180 Low: 40 High: 252

Median Pre-Service Time: 60 Median Post-Service Time: 145

Length of Hospital Stay: 8

Number & Level of Post-Hospital Visits: 2 x 99213 and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF5 CPT Code: 48150 Global Period: 090

CPT Descriptor: Pancreatectomy, proximal subtotal with ~~pancreaticoduodenectomy~~ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure) ; with pancreatojejunostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

63-year-old male with painless jaundice and anorexia, 20 lb. weight loss, and CT scan evidence of a 2.5 cm mass in the head of the pancreas. There is marked dilatation of the extrahepatic and intrahepatic biliary ductal system with no evidence of cholelithiasis or choledocholithiasis. There is no evidence of lymphadenopathy or hepatic metastasis. Operatively, biopsy of the head of the pancreas (i.e., transduodenal core needle) confirms the diagnosis of carcinoma of the head of the pancreas. There is no evidence of nodal or hepatic metastasis. A classic Whipple procedure is done.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48150 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type); with pancreatojejunostomy | 30.95 |
| 43638 | Gastrectomy, partial, proximal, thoracic or abdominal approach, including esophagogastrostomy, with vagotomy; | 20.64 |
| 48180 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow type operation) | 21.39 |
| 47760 | Anastomosis of extrahepatic biliary ducts and gastrointestinal tract | 20.42 |
| 47600 | Cholecystectomy; | 10.94 |
| 64760 | Transection or avulsion of; vagus nerve (vagotomy), abdominal | 6.70 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

43638, 48180, 47760, 47600, and 64760 represent the individual components of this extremely complex procedure. The survey results indicate that the mean intra-operative time is approximately double 43638, and the surveyed post-operative time is similarly expanded (initial postop care is generally 7-10 days in the ICU). The recommended RVW is based on a consideration of the cumulative intra-operative work required for the individual components of this service.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

SURVEY DATA:

Median Intra-Service Time: 360 Low: 60 High: 480

Median Pre-Service Time: 90 Median Post-Service Time: 360

Length of Hospital Stay: 21

Number & Level of Post-Hospital Visits: 1 x 99214, 2 x 99213, and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF6 CPT Code: 48153 Global Period: 090

CPT Descriptor: Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 65-year-old female unrestrained driver is involved in a head-on MVA sustaining closed head injury, blunt torso trauma, and closed fracture of femur. The patient is intubated and CT of the head and abdomen is obtained since she is hemodynamically normal. CT scans are normal. Femur is treated with Steinman pin and traction. During the next 48 hours, the patient is extubated and has a Glasgow Coma Scale of 15. She complains of increasing upper abdominal pain and is noted to have now an elevated amylase. CT reveals per-pancreatic fluid and peri-nephric fluid. Operation is deemed necessary for pancreatic injury.

At operation, fracture of pancreas is encountered through the body of the pancreas near the uncinate process including the duct of Wirsung. Subtotal pancreatectomy is carried out with closure of duct and drainage.

Postoperatively, the patient requires 24 hours of ventilatory support and five days nutritional and parenteral fluid support.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48150 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type); with pancreatojejunostomy | 30.95 |
| 43638 | Gastrectomy, partial, proximal, thoracic or abdominal approach, including esophagogastrostomy, with vagotomy; | 20.64 |
| 47760 | Anastomosis of extrahepatic biliary ducts and gastrointestinal tract | 20.42 |
| 47600 | Cholecystectomy; | 10.94 |
| 48510 | External drainage, pseudocyst of pancreas | 11.49 |
| 64760 | Transection or avulsion of; vagus nerve (vagotomy), abdominal | 6.70 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

43638, 47760, 47600, 48510 and 64760 represent the individual components of this extremely complex procedure. The survey results indicate that the mean intra-operative time is approximately double 43638, and the surveyed post-operative time is similarly expanded (initial postop care is generally 7-10 days in the ICU). The recommended RVW is based on a consideration of the cumulative intra-operative work required for the individual components of this service.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

SURVEY DATA:

Median Intra-Service Time: 300 Low: 40 High: 480

Median Pre-Service Time: 90 Median Post-Service Time: 360

Length of Hospital Stay: 21

Number & Level of Post-Hospital Visits: 1 x 99214, 2 x 99213, and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF7 CPT Code: 48148X4 Global Period: 090

CPT Descriptor: Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (modified Whipple-type procedure); with pancreatojejujostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

63-year-old male with painless jaundice and anorexia, 20 lb. weight loss, and CT scan evidence of a 2.5 cm mass in the head of the pancreas. There is marked dilatation of the extrahepatic and intrahepatic biliary ductal system with no evidence of cholelithiasis or choledocholithiasis. There is no evidence of lymphadenopathy or hepatic metastasis. Operatively, biopsy of the head of the pancreas (i.e., transduodenal core needle) confirms the diagnosis of carcinoma of the head of the pancreas. There is no evidence of nodal or hepatic metastasis. A modified Whipple procedure is done with preservation of the pyloric sphincter.

This is the same as case 48150, but a modified Whipple procedure is done with preservation of the pyloric sphincter.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48150 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type); with pancreatojejunostomy | 30.95 |
| 43638 | Gastrectomy, partial, proximal, thoracic or abdominal approach, including esophagogastrostomy, with vagotomy; | 20.64 |
| 48180 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow type operation) | 21.39 |
| 47760 | Anastomosis of extrahepatic biliary ducts and gastrointestinal tract | 20.42 |
| 47600 | Cholecystectomy; | 10.94 |
| 48510 | External drainage, pseudocyst of pancreas | 11.49 |
| 43830 | Gastrostomy, temporary (tube, rubber or plastic) (separate procedure); | 4.95 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

43638, 48180, 47760, 47600, 48510, and 43830 represent the individual components of this extremely complex procedure. The survey results indicate that the mean intra-operative time is approximately double 43638, and the surveyed post-operative time is similarly expanded (initial postop care is generally 7-10 days in the ICU). The recommended RVW is based on a consideration of the cumulative intra-operative work required for the individual components of this service.

AF7

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

SURVEY DATA:

Median Intra-Service Time: 345 Low: 50 High: 480

Median Pre-Service Time: 90 Median Post-Service Time: 360

Length of Hospital Stay: 21

Number & Level of Post-Hospital Visits: 1 x 99214, 2 x 99213, and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF8 CPT Code: 481X5 Global Period: 090

CPT Descriptor: Pancreatorrhaphy for trauma

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

This is the same as 481X3, except initial CT reveals findings highly suggestive of pancreatic injury. At operation, disruption of pancreas is encountered with bleeding and an intact duct. Debridement and control of bleeding is accomplished along with adequate drainage.

Postoperative course is similar.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 47360 | Hepatorrhaphy, suture of liver wound or injury; complex, with or without hepatic artery ligation | 15.71 |
| 38115 | Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy | 12.90 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The work for this service is similar to 47360 and greater than 38115.

SURVEY DATA:

Median Intra-Service Time: 150 Low: 40 High: 360

Median Pre-Service Time: 75 Median Post-Service Time: 180

Length of Hospital Stay: 12

Number & Level of Post-Hospital Visits: 2 x 99213 and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF9 CPT Code: •481X6 Global Period: 090

CPT Descriptor: Duodenal exclusion with gastrojejunostomy for pancreatic trauma

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 28-year-old male with gunshot wound to the abdomen presents in ER hemodynamically unstable. Appropriate resuscitation measures are carried out and the patient is taken to OR.

At operation, the path of the bullet passes through the duodenum and the head of the pancreas. Operative pancreatiography (code 4810X) is accomplished revealing ductal system (Wirsung/Santorini) to be intact. Duodenal wound is repaired, pancreas is debrided. Gastrotomy is performed and pylorus is oversewn intraluminally. Gastrojejunostomy is then carried out and the area is drained. Jejunostomy performed.

Postoperatively, the patient requires 24 hour ventilatory support and hemodynamic monitoring. Nutritional support, fluid support, and antibiotics are required for seven days.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 47440 | Duodenocholodochotomy, transduodenal choledocholithotomy | 18.75 |
| 43840 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury | 10.71 |
| 43820 | Gastrojejunostomy | 10.69 |
| 48510 | External drainage, pseudocyst of pancreas | 11.49 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The post-operative hospital management (which includes 5-7 ICU days) represents more work than 47440. The patient usually develops pancreatitis, which increases complexity of the post-operative work .

SURVEY DATA:

Median Intra-Service Time: 240 Low: 50 High: 420

Median Pre-Service Time: 90 Median Post-Service Time: 270

Length of Hospital Stay: 14

Number & Level of Post-Hospital Visits: 1 x 99214, 2 x 99213, and 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF10 CPT Code: 48180 Global Period: 090

CPT Descriptor: Pancreatojejunostomy, side-to-side anastomosis (Puestow type operation ~~(separate procedure)~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

47-year-old male with history of previous chronic alcohol abuse. Two years age, he completed an alcoholic rehabilitation program and has not has an alcoholic drink since that time. He is an attorney and practicing at the present time. His major complaint is constant midepigastric pain and weight loss over the past six months. ERCP reveals multiple pancreatic ductal stenoses with marked interposed ductal dilatations. No other disease process is found, and the remainder of the valuation is normal. At operation, there is no evidence of a malignant process and no gross evidence of cirrhosis.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 48180 | Pancreatojejunostomy, side-to-side anastomosis (Puestow type operation) | 21.39 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is considered an editorial change to the existing code.

SURVEY DATA:

Median Intra-Service Time: 180 Low: 45 High: 360

Median Pre-Service Time: 60 Median Post-Service Time: 219

Length of Hospital Stay: 9

Number & Level of Post-Hospital Visits: 1 x 99213 and 3 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AF11 CPT Code: 4810X Global Period: 000

CPT Descriptor: Injection procedure for intraoperative pancreatography

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

(Add on procedure) This procedure is done intra-operatively to assess pancreatic duct(s) integrity prior to debridement, resection, and/or repair. This may be done through distal duct, gallbladder or ampulla of Vater.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 36140 | Introduction of needle or intracatheter; extremity artery | 2.06 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The work for this service is similar, with comparable complications to 36140.

SURVEY DATA:

Median Intra-Service Time: 45 Low: 20 High: 150

Median Pre-Service Time: 0 Median Post-Service Time: 0

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## GASTROINTESTINAL TUBE PLACEMENT - TAB A

The RUC recommendations are based upon the survey responses obtained from radiologists and interventional radiologists. New code 44500 will be used to report the introduction of a long gastrointestinal tube only. No change in value is recommended for revised code 74340, which is an editorial change only. The new code 74251 involves a radiologic examination of the small bowel via enteroclysis tube. The RUC accepted the specialties' rationale that this is a difficult procedure as the tube is difficult to move from the stomach to the small bowel. If the injection is performed too quickly, reflux back to the stomach may occur. The radiologist may also need to spend additional time counseling the patient as intubation is required for this procedure.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AE1 | •44500 | Introduction of a long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)<br><br>(For radiological supervision and interpretation, see 74340) | new | 000 | 0.95 |
| AE2 | 74340 | Introduction of a long gastrointestinal tube (eg, Miller Abbott), ~~with~~ including multiple fluoroscopies and films, radiological supervision and interpretation<br><br>(For tube placement see 44500) | revised | XXX | 0.56<br>(No Change) |
| | 74250 | Radiologic examination, small bowel, includes multiple serial films; | revised | XXX | 0.49<br>(No Change) |
| AE3 | •74251 | via enteroclysis tube | new | XXX | 0.83<br>(74250 x 1.69) |

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AE1 CPT Code: 4450X Global Period: 000
CPT Descriptor: Introduction of a long gastrointestinal tube (eg, Miller-Abbott) (seperate procedure) For radiological supervision and interpretation, see 74340)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

41 year old patient with melena and abdominal pain. Negative upper and lower gastrointestinal endoscopy. The examination is ordered to evaluate for a small bowel lesion.

Patient with gastrointestinal bleeding or with pain, in order to rule-out/evaluate bleeding site or bowel obstruction.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74340 | X-Ray guide for GI tube | 0.56 |
| 74250 | X-Ray exam of small bowel | 0.49 |
| 74240 | Radiological examination, gastrointestinal tract, upper; with or without delayed films, without KUB | 0.71 |
| 74280 | Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon | 1.01 |
| 43750 | Percutaneous placement of gastronomy tube | 5.85 |

Relationship to Key Reference Service(s):
The median survey value reflects that this procedure involves approximately twice the physician work and effort as the key reference services.

## SURVEY DATA

**SPECIALTY:** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 30 min. Low: 10 min. High: 1 hr. 40 min.

Median Pre-Service Time: 7.5 min. Median Post-Service Time: 5 min.

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

**SPECIALTY:** Radiology

Median Intra-Service Time: 20min. Low: 7 min. High: 45 min.

Median Pre-Service Time: 5 min. Median Post-Service Time: 5 min.

Length of Hospital Stay: 0-1 day

Number & Level of Post-Hospital Visits: 0

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AE2 CPT Code: 74340 Global Period: XXX
CPT Descriptor: Introduction of a long gastrointestinal tube ~~(eg, Miller-Abbott), with~~ including multiple fluoroscopies and films, radiological supervision and interpretation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

1. 41 year old patient with melena and abdominal pain. Negative upper and lower gastrointestinal endoscopy. The examination is ordered to evaluate for a small bowel lesion.

2. Patient with gastrointestinal bleeding or with pain, in order to rule-out / evaluate bleeding site or bowel obstruction.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74340 | Introduction of long gastrointestinal tube (eg, Miller-Abbott) with multiple fluoroscopies and films | 0.56 |
| 74250 | X-Ray exam of small bowel | 0.49 |

Relationship to Key Reference Service(s):
Although the survey results suggested a higher RVW, the revisions to code 74340 were considered to be minor, not affecting physician work.

## SURVEY DATA

**SPECIALTY:** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 30 min. Low: 5 min. High: 2 hr.

Median Pre-Service Time: 5 min. Median Post-Service Time: 5 min.

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

**SPECIALTY:** Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 30 min. (median); 15 min. (low); 70 min. (high)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AE3 CPT Code: 7425X Global Period: XXX

CPT Descriptor: Radiologic examination, small bowel, includes multiple serial films, via enteroclysis tube

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

1. 41 year old patient with melena and abdominal pain. Negative upper and lower gastrointestinal endoscopy. The examination is ordered to evaluate for a small bowel lesion.

2. Patient with gastrointestinal bleeding or with pain, in order to rule-out / evaluate bleeding site or bowel obstruction.

Describe any Specialty Differences in the Description of the Typical Patient: NONE

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74250 | Radiologic examination, small bowel, includes multiple serial films | 0.49 |
| 74280 | Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon | 1.01 |
| 74246 | Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon,; with or without delayed films, without KUB | 0.71 |
| 74240 | Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB | 0.71 |
| 74340 | X-ray guide for GI tube | 0.56 |

Relationship to Key Reference Service(s):
The median survey value reflects that this procedure involves slightly more physician work than the key reference procedures, approximating a double contrast barium enema.

## SURVEY DATA

**SPECIALTY:** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 30 min. Low: 5 min. High: 60 min.

Median Pre-Service Time: 5 min. Median Post-Service Time: 9 min.

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

**SPECIALTY:** Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 35 min. (median); 15 min. (low); 100 min. (high)

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## COLON AND RECTAL SURGERY - TAB 23

The RUC's evaluation of these codes included a thorough discussion of the relationships between the deleted codes 44600 and 44610 and the new colon and rectal surgery codes 44602-44604. New code 44615 is not included in the cross references in CPT and was valued based on the survey results. The RUC concluded that new code 44602 should have the same value as the deleted code 44600 since 44600 would have been used to report this service previously. CPT Code 44600 has been deleted and replaced with separate descriptors for small bowel repair (single or multiple) and large bowel repair (single or multiple with or without colostomy). 44603 and 44604 were felt to be identical in work because, although 44603 requires more intraservice time to suture more perforations, there are fewer postoperative complications, so the same value as the deleted code 44610 is recommended for both.

The RUC also discussed the recommendation that the intestinal suture be valued higher when there is no colostomy than when it is done with colostomy. The RUC concluded that the direct repair of the intestine without use of colostomy is a more complex and intense procedure for the operating surgeon.

New code 90911 was proposed because anorectal manometry and EMG are frequently bundled together. The value of the new code was obtained by adding the value for EMG to the existing value for anorectal manometry (code 91122, 1.81 RVW).

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 44600 | ~~Suture of intestine (enterorrhaphy), large or small perforated ulcer, diverticulum, wound, injury or rupture; single~~<br><br>(44600 has been deleted. To report, see 44602, 44604) | deleted | 090 | N/A |
| ZZ2 | •44602 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation | new | 090 | 9.96 |

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| ZZ3 | •44603 | multiple perforations | new | 090 | 13.25 |
| ZZ4 | •44604 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy | new | 090 | 13.25 |
| ZZ5 | 44605 | with colostomy | revised | 090 | 12.60 (No Change) |
| | 44610 | ~~multiple~~<br><br>(44610 has been deleted. To report, see 44603, 44604) | deleted | 090 | N/A |
| ZZ1 | •44615 | Intestinal stricturoplasty (enterotomy and enterorrhaphy, with or without dilation) for intestinal obstruction | new | 090 | 13.50 |
| | 46000 | ~~Fistulotomy, subcutaneous~~<br><br>(46000 has been deleted. To report, see 46270) | deleted | 090 | N/A |
| | 46060 | Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without the placement of a seton | revised | 090 | 5.16 (No Change) |
| | 46270 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous | revised | 090 | 3.60 (No Change) |
| | 46275 | submuscular | revised | 090 | 4.46 (No Change) |
| | 46280 | complex or multiple, with or without placement of seton | revised | 090 | 5.76 (No Change) |
| ZZ6 | •46281 | Closure of anal fistula with rectal advancement flap | new | 090 | 7.00 |
| | 90900 | Biofeedback training; | | XXX | 0.91 (No Change) |
| ZZ7 | •90911 | anorectal, including EMG and/or manometry | new | XXX | 2.20 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: ZZ1 CPT Code: *446X1 Global Period: 090

CPT Descriptor: Intestinal stricturoplasty (enterotomy and enterorrhaphy, with or without dilation) for intestinal obstruction

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

42 y/o female with two previous intestinal resections for Crohn's Disease presents with a partial bowel obstruction. She receives pre-operative treatment with IV steroids and hyperalimentation. Her obstructuve symptoms will not resolve. At surgery, she is found to have 2 ileal strictures 5cm in length separated by 3 cm of non-strictured small bowel. A long stricturoplasty is performed. Post operatively, the IV steroids and hyperalimentation is continued until bowel function returns.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44140 | Colectomy, partial; with anastomosis | 18.71 |
| 44120 | Enterectomy, resection of small intestine; with anastomosis | 13.48 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time, technical skill & physical effort, mental effort and judgement; and stress)

This work is similar to 44120. It requires more mental effort and judgement in clinical decision making. The patients are more malnurished and immunosuppressed than the typical 44120 patient. The typical patient has a more protracted pre-op and post-op course because of their underlying disease (Crohns). They require nutritional support and careful observation for evidence of infection

SURVEY DATA:

Median Intra-Service Time 180 min Low: 90 min High: 480 min

Median Pre-Service Time 90 min Median Post-Service Time: 135 min

Length of Hospital Stay. 8 days

Number & Level of Post-Hospital Visits 3 X 99213

Other Data _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: ZZ2 CPT Code: •446X2 Global Period: 090

CPT Descriptor: Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; single perforation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

19-year-old male presents with left lower quadrant 22 caliber entrance wound with no exit wound. Vital signs are stable. He has obvious peritoneal signs. At operation, he is found to have a tangential wound of the antimesenteric border of the mid-ilium. There is obvious peritoneal soilage. The wound in closed primarily, and the abdomen is irrigated. No other significant injuries are encountered.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44600 | Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single | 9.96 |
| 43840 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury | 10.71 |

Relationship to Key Reference Service(s):

The work for this service is comparable to 44600 and 43840.

ZZ2

## SURVEY DATA

**SPECIALTY:** General Surgery

Median Intra-Service Time: 90 Low: 40 High: 180

Median Pre-Service Time: 60 Median Post-Service Time: 95

Length of Hospital Stay: 5

Number & Level of Post-Hospital Visits: 1 x 99213 and 2 x 99212

Other Data:

**SPECIALTY:** Colon and Rectal Surgery

Median Intra-Service Time: 120 Low: 30 High: 210

Median Pre-Service Time: 90 Median Post-Service Time: 180

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 2 x 99212

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: ZZ3 CPT Code: •446X3 Global Period: 090

CPT Descriptor: **Suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations**

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

**43-year-old female presents to the emergency room after sustaining multiple abdominal stab wounds. Vital signs are stable, and there are obvious peritoneal signs. At operation, she is found to have four through-and-through stab wounds of the bowel--three in the jejunum and one in the ilium. All eight perforations are closed primarily, and the abdomen is irrigated appropriately secondary to peritoneal soilage. No other major injuries are encountered.**

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44610 | Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; multiple | 13.25 |
| 44600 | Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single | 9.96 |

Relationship to Key Reference Service(s):

This service is similar, technically, to 44610, but more work than 44600.

SURVEY DATA

SPECIALTY : General Surgery

Median Intra-Service Time: 150 Low: 20 High: 240

Median Pre-Service Time: 60 Median Post-Service Time: 120

Length of Hospital Stay: 6

Number & Level of Post-Hospital Visits: 2 x 99213 and 2 x 99212

Other Data:

SPECIALTY : Colon and Rectal Surgery

Median Intra-Service Time: 180 Low: 85 High: 210

Median Pre-Service Time: 60 Median Post-Service Time: 180

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 2 x 99213

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: ZZ4 CPT Code: •446X4 Global Period: 090

CPT Descriptor: Suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

22-year-old male sustains a gunshot wound by a 22 caliber pistol in the right lower abdomen. No exit wound. Vital signs are stable. On physical examination, there is obvious violation of the peritoneum. At operation, he is found to have a through-and-through gunshot wound of the cecum without ureteral or vascular injury. There is no significant peritoneal gastrointestinal spillage. Both wounds are closed primarily.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44610 | Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; multiple | 13.25 |
| 44600 | Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single | 9.96 |

Relationship to Key Reference Service(s):

This service is similar, technically, to 44610, but more work than 44600.

SURVEY DATA

SPECIALTY : General Surgery

25th Percentile RVW: 10.00 75th Percentile RVW: 13.79 Low: 9.00 High: 19.61

Median Intra-Service Time: 105 Low: 40 High: 210

Median Pre-Service Time: 60 Median Post-Service Time: 100

Length of Hospital Stay: 8

Number & Level of Post-Hospital Visits: 2 x 99214 and 2 x 99213

Other Data: _____

SPECIALTY: Colon and Rectal Surgery

Median Intra-Service Time: 120 Low: 60 High: 210

Median Pre-Service Time: 90 Median Post-Service Time: 150

Length of Hospital Stay: 8

Number & Level of Post-Hospital Visits: 2 x 99213

Other Data: _____

SPECIALTY SOCIETY: _____

Sample Size: _____ # of Respondents (%): _____ Median RVW: _____

25th Percentile RVW: _____ 75th Percentile RVW: _____ Low: _____ High: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: ZZ5 CPT Code: 44605 Global Period: 090

CPT Descriptor: Suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

**SURVEY DATA:**

Median Intra-Service Time: 150 Low: 90 High: 270

Median Pre-Service Time: 120 Median Post-Service Time: 180

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 2 X 99213

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: ZZ6 CPT Code: *4628X Global Period: 090

CPT Descriptor: Closure of anal fistula with rectal advancement flap

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

38 y/o female with long history of anal Crohn's Disease has a high trans-sphincteric fistula -in -ano. Despite several weeks of outpatient treatment with metronidazole and oral steroids, the fistula has not resolved. The patient receives an outpatient bowel prep. At surgery, through a trans anal approach, the fistula internal opening is excised. The underlying muscles are approximated. A generous rectal advancement flap is developed and brought down over the internal opening. This flap is secured in place with several interrupted sutures. The external opening of the fistula is widely debrided and left open. The patient is hospitalized for 24 hours.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 46270 | Fistulectomy; subcutaneous | 3.60 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time, technical skill & physical effort; mental effort and judgement; and stress)

No code closely describes the skill, effort and judgement. This procedure involves extensive pre-op counselling. The procedure is more involved than 46260. It is technically more difficult than 46260 and involves a greater degree of clinical judgement in developing viable flaps to adequately closure the fistula.

SURVEY DATA:

Median Intra-Service Time: 85 Low: 45 High: 180

Median Pre-Service Time: 60 Median Post-Service Time: 90

Length of Hospital Stay: 3

Number & Level of Post-Hospital Visits: 3 X 99212

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: ZZ7 CPT Code: *9091X Global Period: 000

CPT Descriptor: Biofeedback training; anorectal, including EMG and/or manometry

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

40 y/o female with post-partum incontinence receives anorectal biofeedback with anal manometry (45 minutes) for initial sensory training to decreasing volumes of rectal distension. Requires extensive counselling with reassurance.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 91122 | Anorectal Manometry | 1.81 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time, technical skill & physical effort; mental effort and judgement; and stress)

Biofeedback is more involved than 91122. It requires extensive, repeated interaction between the provider and the patient during the procedure. During each session the procedure is repeated several times while instucting the patient.

SURVEY DATA:

Median Intra-Service Time: 60 Low: 45 High: 90

Median Pre-Service Time 30 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits. 3 X 99213

Other Data. _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## ANAL REPAIR - TAB 9

Congenital cloacal anomalies requiring the procedures described by the new codes for anal repair are very rare, occurring in less than 500 babies per year. The diagnostic assessment, operative planning, execution of the procedure, and postoperative management are as complex as any developmental anomaly in pediatric surgery with the exception of Siamese twins. The three codes represent progressively incremental severity of the anomaly and, therefore, progressively incremental work to develop three separate perineal orifices. The incremental difficulties are based on the relative presence or absence of local tissues for reconstruction. The entire process must occur in a single operative event of significant magnitude in order to create optimal results.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 46715 | Repair of ~~congenital anovaginal~~ low imperforate anus; with anoperineal fistula ("cutback" ~~type~~ procedure) | revised | 090 | 6.89 (No Change) |
| | 46716 | ~~Perineal transplant of anovaginal~~ with transposition of anoperineal or anovesibular fistula | revised | 090 | 11.86 (No Change) |
| | 46730 | ~~Construction of anus~~ Repair of high imperforate anus without fisula; ~~for congenital absence~~ perineal or sacroperineal ~~sacrococcygeal~~ approach | revised | 090 | 21.04 (No Change) |
| | 46735 | combined transabdominal and sacroperineal approaches | revised | 090 | 25.52 (No Change) |
| | 46740 | ~~Construction of anus for congenital absence; with repair of urinary fistula~~ Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach | revised | 090 | 22.62 (No Change) |
| AB1 | •46742 | combined transabdominal and sacroperineal approaches | new | 090 | 28.50 |
| AB2 | •46744 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty; sacroperineal approach | new | 090 | 32.00 |

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| | | | | | |
|---|---|---|---|---|---|
| AB3 | •46746 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; | new | 090 | 35.00 |
| AB4 | •46748 | with vaginal lengthening by intestinal graft or pedicle flaps | new | 090 | 39.00 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AB1 CPT Code: •467X1 Global Period: 090

CPT Descriptor: Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Vignette: A 14 month male presents for reconstruction with a history of prior repair of an EA/TEF and a small VSD thought to be hemodynamically insignificant by the cardiologists as well as an imperforate anus with rectourethral fistula and a solitary kidney and Grade II vesicoureteral reflux. Preoperative study reveals inadequate rectosigmoid length distal to the colostomy to allow posterior saggital anorectoplasty without simultaneous laparotomy for rectosigmoid mobilization with take down of the original colostomy and recreation of another colostomy.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 46735 | Rep. high I.A. no fistula : combined transabdominal and sacroperineal approaches | 25.52 |
| 46740 | Repair of high I.A. : with rectourethral or rectovaginal fistula : perineal or sacroperineal approach | 22.62 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Two reference code RVWs derived from Harvard Study/Ped. Surg. This code not studied but result of revision of CPT codes for I.A./Cloaca. 467X1 requires greater time, skill, and risk than 46735 because of need to dissect embryologically common wall surrounding fistula as well as division of fistula. 467X1 adds laparotomy and new colostomy as well as rotation of patient prone-supine-prone or supine-prone intraoperatively to 46740. OPVs frequent to mechanically dilate stenotic neoanus.

SURVEY DATA:

Median Intra-Service Time: 360 Low: 240 High: 600

Median Pre-Service Time: 180 Median Post-Service Time: 360

Length of Hospital Stay: 7 d.

Number & Level of Post-Hospital Visits: 7 - 99214

Other Data: 1-2/Yr/Surgeon

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AB2 CPT Code: •467X2 Global Period: 090

CPT Descriptor: Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty; sacroperineal approach

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Vignette: A 14 month female presents for reconstruction of a cloacal anomaly with a history of several UTIs and an appropriately placed colostomy. Prior cystoscopy by you has established a 2 cm. cloacal stem with urethral and rectal orifices at 3 cm. from the perineal skin and a single vagina and cervix.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 46740 | Rep. IA with rectourethral or rectovaginal fistula : perineal or sacroperineal approach | 22.62 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Surveyed patient has single small perineal orifice for urethra, vagina and rectum as opposed to 46740 where urethra and/or vagina patent on perineum and fistula requires division and advancement through striated muscle complex to create neoanus (See Pena Chapter). Cloacal repair requires ;more extensive saggital exposure entire buttocks and perineum, separation of urethra, vagina and rectum with anatomic reconstruction utilizing optical magnification and muscle stimulators to perform tubular urethroplasty and advance vagina to perineum in addition to the advancement of the rectum as in 46740. Frequent OPVs to mechanically dilate neourethra, neovagina and neoanus.

SURVEY DATA:

Median Intra-Service Time: 360 Low: 240 High: 840

Median Pre-Service Time: 180 Median Post-Service Time: 360

Length of Hospital Stay: 8 d.

Number & Level of Post-Hospital Visits: 7 - 99214

Other Data: 1/Yr./Surgeon

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AB3 CPT Code: •467X3 Global Period: 090

CPT Descriptor: Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Vignette: A 14 month female is ready for definitive reconstruction of a cloacal anomaly the characteristics of which include:

- LLQ end colostomy as a neonate for obstructed high colonic entry on closure of the cloaca.
- prior vesicostomy for grade III V-U reflux and recurrent UTIs

Your prior Cystoscopic findings include:

- a 2 cm cloacal stem
- urethral orifice 3 cm from perineal skin
- no visible rectal orifice
- duplex vagina with 2 cervices

**KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 46735 | Rep. high I.A. no fistula : combined transabdominal and sacroperineal approaches | 25.52 |
| 46740 | Repair of high I.A. : with rectourethral or rectovaginal fistula : perineal or sacroperineal approach | 22.62 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

Same relationship to same reference services as in AB2 (prior procedure) only requires addition of a laparotomy, creation of a new colostomy and rotation of the patient from prone-supine-prone for 3 incremental RVW units.

SURVEY DATA:

Median Intra-Service Time: 480 Low: 300 High: 1380

Median Pre-Service Time: 180 Median Post-Service Time: 405

Length of Hospital Stay: 10 d.

Number & Level of Post-Hospital Visits: 8.5 - 99214

Other Data: 1/Surg./5 Yrs.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AB4 CPT Code: •467X4 Global Period: 090

CPT Descriptor: Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft and pedicle flaps

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Vignette: A 18 month female is ready for definitive reconstruction of a cloacal anomaly characterized by:
- LLQ end colostomy as a neonate for obstructed high colonic entry on dome of the cloaca.
- Prior vesicostomy for Grade III V-U reflux and recurrent UTIs

Your prior cystoscopic findings include:
- a 3-4 cm. cloacal stem
- urethral orifice at 4.5 cm from perineal skin
- no definitive rectal orifice
- a small short vagina with a single cervix at the apex.

**KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 46735 | •Rep. high I.A. no fistula : combined transabdominal and sacroperineal approaches | 25.52 |
| 46740 | Repair of high I.A. : with rectourethral or rectovaginal fistula : perineal or sacroperineal approach | 22.62 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

Same relationship to same reference services as in AB3 plus:
- Bowel resection and anastomosis to create intestinal graft.
- Graft advancement to perineum with proximal anastomosis to rudimentary vagina/cervix and distal anastomosis to create neovaginal orifice.
- Incremental RVW units - 4.

SURVEY DATA:

Median Intra-Service Time: 600 Low: 360 High: 1440

Median Pre-Service Time: 240 Median Post-Service Time: 440

Length of Hospital Stay: 10 d.

Number & Level of Post-Hospital Visits: 8.5 - 99214

Other Data: Frequency 1/surg/5 yrs.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## PANCREATIC SURGERY - TAB 28

The RUC determined that the general surgeons had presented compelling evidence for changing the global period for the codes for treatment of pancreatitis from 90 days to zero days ("090" to "000"). This rationale is presented in a June 15 letter from the general surgery Advisor to the RUC which is included in Tab 28 of this notebook. As this letter explains, the operative treatment of pancreatitis, while extremely difficult, is a relatively small part of the overall management of the patient with acute necrotizing pancreatitis.

The RUC also found the rationale for increasing the value of the Whipple-type procedure (48150) to be compelling. This service is also discussed in the letter of June 15. The recommended value of 43.00 was obtained by calculating 60% of the cumulative intraoperative work of all of the individual procedures included in the Whipple-type procedure. Telephone calls received from many of the physicians surveyed about the work of this procedure suggested the survey data on relative work were not reliable so the building block approach was used as an alternative.

The RUC's discussion of this procedure also noted that it is associated with one of longest accepted lengths of hospital stay, which the survey indicates is an average of 21 days (the reliability of these data was not affected by the problem with the work estimates). The current value was not based on the Harvard study and was not addressed in HCFA's refinement process.

The RUC also considered the consistency of the relationships between the work values in this section, and maintained the same increment of work between the new codes 48153 and 48154 as that identified between code 48150 and new code new code 48152 in the survey process. New codes 48530 and 48532 are for new procedures that were not previously coded.

In the time between the CPT meeting and the RUC meeting, it was not possible to develop relative values for the transplant procedures in this section. They will be considered at a future RUC meeting.

*The estimated global period was 090. The RUC recommends that a global period of 000 be assigned.*

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 48000 | ~~Drainage of abdomen for pancreatis~~ Placement of drains, peripancreatic for pancreatitis; | revised | 000* | 13.42 (No Change) |
| AF2 | •48001 | with cholecystostomy, gastrostomy, and jejunostomy for acute pancreatitis | new | 000* | 15.92 |
| AF1 | •48005 | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis | new | 000* | 13.42 |
| AF3 | 48100 | Biopsy of pancreas, open, ~~(separate procedure)~~ any method (eg, fine needle aspiration, needle core biopsy, wedge biopsy) | revised | 090 | 10.44 (No Change) |
| | 48140 | Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy | revised | 090 | 18.71 (No Change) |
| | 48145 | with pancreaticojejunostomy | | 090 | 19.55 (No Change) |
| | •48146 | Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure) | new | 090 | 22.26 (No Change from 48151) |
| AF4 | 48148 | Excision of ampulla of Vater~~, simple~~ | revised | 090 | 14.76 (No Change) |
| AF5 | 48150 | Pancreatectomy, proximal subtotal with ~~pancreaticoduodenectomy~~ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy | revised | 090 | 43.00 |
| | 48151 | ~~Pancreatectomy, near total, with preservation of duodenum (Child type procedure)~~<br>(45151 has been deleted. To report, use 48146) | deleted | 090 | N/A |
| AF6 | •48152 | without pancreatojejunostomy | new | 090 | 39.00 |
| AF7 | •48153 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy | new | 090 | 43.00 |

*The estimated global period was 090. The RUC recommends that a global period of 000 be assigned.*

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| | | | | | |
|---|---|---|---|---|---|
| AF7a | •48154 | without pancreatojejujostomy | new | 090 | 39.00 |
| | 48155 | Pancreatectomy, total | | 090 | 19.91 (No Change) |
| | 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets | revised | 090 | No Recommendation |
| AF10 | 48180 | Pancreatojejunostomy, side-to-side anastomosis (Puestow type operation ~~(separate procedure)~~ | revised | 090 | 21.39 (No Change) |
| AF11 | •48400 | Injection procedure for intraoperative pancreatography<br><br>(For radiological supervision and interpretation, see 74300-74305) | new | 090 | 2.00 |
| AF8 | •48530 | Pancreatorrhaphy for trauma | new | 090 | 15.00 |
| AF9 | •48532 | Duodenal exclusion with gastrojejunostomy for pancreatic trauma | new | 090 | 21.70 |
| | | PANCREAS TRANSPLANTATION | | | |
| | •48550 | Donor pancreatectomy, with preparation and maintenance of allograft from donor cadaver, with or without duodenal sugment for transplantation | new | 090 | No Recommendation |
| | •48554 | Transplantation of pancreatic allograft | new | 090 | No Recommendation |
| | •48556 | Removal of transplanted pancreatic allograft | new | 090 | No Recommendation |
| | 74300 | Cholangiography and/or pancreatography; ~~during surgery~~ intraoperative, radiological supervision and interpretation | revised | XXX | 0.36 (No Change) |
| | 74301 | additional set ~~during surgery~~ intraoperative, radiological supervision and interpretation | revised | XXX | 0.21 (No Change) |
| | 74305 | postoperative, radiological supervision and interpretation<br><br>(For procedure see 47605, 48107, 56321) | revised | XXX | 0.43 (No Change) |

*The estimated global period was 090. The RUC recommends that a global period of 000 be assigned.*

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**TO:** Members, AMA/Specialty Society RVS Update Committee

**FROM:** Paul Collicott, MD, FACS and John Gage, MD, FACS

**DATE:** June 15, 1993

**SUBJECT:** Introduction to Pancreas Codes

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Today, expected mortality rates associated with pancreaticoduodenectomy, approximately 5% or less, are down from more than 40% in 1941. An important cause of morbidity and death after pancreatic resection was, and continues to be, difficulties with the pancreatico-enteric anastomosis. Thus, the reduced mortality rate is credited in large measure to improvements in operative techniques. The debate regarding the merits of surgical resection in the treatment for patients with pancreatic carcinoma focuses largely on the safety and success of pancreatic resection. Palliation of pancreatic carcinoma has traditionally been a surgical task, but is now being challenged by endoscopic and percutaneous methods. Because of numerous therapeutic options, management of pseudocyst, jaundice, and pain in patients with pancreatitis is shared by radiologists, internists, neurologists and surgeons.

The complications associated with pancreatic surgery are myriad ranging from relatively inconsequential to devastating (see Table I). Many complications are preventable by careful intraoperative decision making and attention to the details of the surgical technique. Some of the more common or difficult operative dilemmas are listed in Table II.

The decision to operate on patients with pancreatic disease is predicated on: 1) careful assessment of the indications, 2) consideration of alternatives, 3) a frank preoperative discussion with the patient and family of their and the surgeons' expectations, 4) a surgeon prepared to deal with any eventuality that may become apparent in the operating room, and 5) the commitment by the surgeon to assume responsibility for management of the sometimes difficult postoperative complications. The medical and surgical community continues to assess the merits and indications of a variety of procedures for pancreatic carcinoma and pancreatitis. Hemorrhagic necrotizing pancreatitis is initially managed with intense nonoperative therapy. With nonoperative therapy alone, a mortality rate exceeding 60% can be expected.

In many patients, surgical intervention represents the only chance of recovery. In a patient with an established diagnosis of pancreatic necrosis, indications for surgical exploration include: 1) progressive sepsis, 2) worsening of multisystem organ failure; and 3) signs of an acute abdomen. At exploration, the goal is to remove all necrotic tissue that may include the pancreas and adjacent soft tissue and organs. It is not often possible to determine the full extent of necrosis during initial laparotomy. The line of demarcation is seldom clear. Rather than be overly aggressive and risk hemorrhage or damage to uninvolved structures, the preferential treatment is to remove obviously all necrotic tissue, to pack the retroperitoneum, to place a "zipper," and to return daily or at intervals of every other day for continued debridement. An alternative approach following initial pancreatectomy is the utilization of closed continuous irrigation of the retroperitoneum through multiple large bore drains with repeated explorations as necessary.

The use of wide sump drainage for persistent peripancreatic sepsis requires reoperation in 16-40% of patients, and mortality rates vary from 5-50% with an average of approximately 30%.

Therefore, the operative treatment of pancreatitis in the '90's is a small part of the overall management of the patient with acute necrotizing pancreatitis. The operative procedures are multiple, and are only carried out in the sickest patients failing nonoperative therapy. The operation itself is but a small part in the total management of the patient with acute necrotizing pancreatitis. In view of the fact that multiple procedures are the usual, rather than the unusual, in these patients, it seems unconscionable that the surgeon is penalized for repeat procedures by the same surgeon while the patient is hospitalized.

It is, therefore, the consensus of the American College of Surgeons' CPT/Relative Work Value Committee that strong consideration should be given by the AMA RUC to consider procedures, tracking numbers AF-1 and AF-2, as procedures that do not have a global period of 90 days, but rather be treated in the same light as other diagnostic and therapeutic procedures, such as upper GI endoscopy, ERCP with sphincterotomy, or colonscopy with polypectomy. Since the majority of the physicians' work is the nonoperative management of the patient with pancreatitis, it is felt that this should be billed separately under the usual critical care and E and M codes. This approach is consistent with the relative work values that have been recommended for these two codes. Relative work values of the current CPT code 48000 is inconsistent with modern day surgical treatment of pancreatitis if indeed the global period is left at 90 days.

Moveover, as demonstrated in Tables I and II, there are a myriad of complications and difficulties that are associated with pancreatic surgery for carcinoma. These problems seem to be overwhelming and self-evident, as noted in the tables. Because of the unforgiving nature of this organ, resective surgery for carcinoma of the pancreas remains the most difficult and complicated technical exercise that faces the general surgeon in the '90's. Recognized as such by the Health Care Financing Administration, it is associated with one of the longest, accepted lengths of hospital stay under the DRG program. It not only proves to be surgically tedious, but also it is ultimately demanding in its prolonged postoperative hospital management, which includes adjunctive ventilatory support, complicated metabolic management, total parenteral nutrition, and the ultimate, astute clinical assessment of potentially devastating complications. Due to the prolonged postoperative management that is required for this disease, the American College of Surgeons' CPT/Relative Work Value Committee and the attending survey results present the significant increase in physician work value units for these services.

TABLE 1. COMMON COMPLICATIONS OF PANCREATIC SURGERY

- Hemorrhage
  - Preoperative (e.g., in association with pseudocysts)
  - Intraoperative
  - Postoperative
- Fistulas
  - Pancreatic
  - Biliary
  - Duodenal
  - Gastric
- Delayed gastric emptying
- Infection
  - Abscess
  - Generalized peritonitis
  - Remote organ/wound
- Organ failure
  - Hepatic
  - Renal
  - Pulmonary
- Metabolic disorders
  - Diabetes
  - Exocrine insufficiency
- Damage to adjacent structures and organs
- Mesenteric, splenic, or portal thrombosis
- Bile duct stricture
  - Jaundice
  - Cholangitis
  - Hepatic abscess
  - Biliary cirrhosis
- Pancreatitis
  - Pancreatic necrosis
- Dumping syndrome
- Marginal ulcers
- Constitutional complications
  - Cardiovascular
  - Pulmonary
  - Cerebrovascular
  - Nutritional
- Recurrence
  - Tumor
  - Symptoms

TABLE II. COMMON OPERATIVE DIFFICULTIES/PANCREATIC SURGERY

Variant pancreatic anatomy
Aberrant vascular anatomy
Exposure of the pancreas
Difficult Kocher maneuver
Locating the pancreatic duct
Inability to obtain tissue diagnosis of tumor
Obliterated plane between posterior pancreas and portal vein
Operative hemorrhage
Portal venous injury
Pseudoaneurysms associated with pseudocysts
Anastomotic hemorrhage after internal drainage of pseudocyst
Diffuse retroperitoneal bleeding with inflammation
Portal vein resection
Preservation of duodenal blood supply during pylorus-preserving resection
Pancreatico-enteric anastomosis with a small duct and soft gland
Pancreatic anastomosis with a posteriorly situated duct
Reoperation for leaking pancreatico-enteric anastomosis
Operation for pancreatic necrosis

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF RECOMMENDATION

Specialty Society: American Society of Transplant Surgeons

Presenter(s) at RUC Meeting: David E. R. Sutherland, M.D., Ph.D., and Frank P. Stuart, M.D.

Tracking Number: AF13 Global Period: XXX Recommended RVW: 32.00

CPT Descriptor: Donor pancreatectomy, with preparation and maintenance of allograft from donor cadaver, with or without duodenal segment for transplantation.

## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The patient is brain-dead and on life support, and is to be used as a multiple organ donor, including a heart, lung, liver and kidneys in addition to the pancreas. A cruciate incision, extending from the sternal notch to the pubis and from the right to the left flank is used to expose all organs. The pancreas and liver are mobilized together as the initial maneuvers. The portal vein, hepatic artery and bile duct are dissected in the porta-hepatis and the gastro-duodenal artery ligated. The hepatic artery is freed from the pancreas to its origin at the celiac axis. The origin of the splenic artery is identified. The left gastric artery is ligated. The celiac and superior mesenteric arteries are isolated at their origins from the aorta. A Feuer maneuver is performed mobilizing the duodenum. Following incision of the suspensory ligaments of the liver and as the thoracic organs are clamped and removed, the aorta and inferior mesenteric vein are infused with UW solution. The duodenum stapled and divided at the pylorus and at the ligament of Treitz. The splenic artery is divided at its origin and the portal vein is transected midway between the pancreas and liver, and the celiac axis at its origin, allowing the liver to be removed. The superior mesenteric artery is divided at its origin allowing the pancreas to be removed. The pancreas is reflushed with UW on back table and prepared for preservation or for immediate transplantation.

Description of Pre-Service Work: Remain available by pager 24 hours a day, 7 days a week so that a potential organ donor can be evaluated expeditiously. Discuss the issues of suitability and logistics of organ donation with the OPO donor coordinator during evaluation and planning for procurement. Communicate with the transplant coordinators and surgical procurement team to assemble and travel to the donor hospital. Transportation often involves several hours of travel, involving transportation to the meeting point, to the airport, an air flight, and from the local airport to the procurement hospital and then back again. This service is always rendered as an emergency, typically occurring part of or all of a night. Once on site, complete evaluation of the donor including review of the medical records relating to the cause of death, the hospital course, reevaluation of the potential high risk habits of the potential donor, reevaluation of the laboratory values and pertinent radiologic tests. A physical examination is performed. Arrangement of appropriate pressor agents and antidiuretics and other medications to maintain hemodynamic stability and adequate perfusion of all organs. Coordination of the procurement process with other procurement teams that may also be present to retrieve other organs. Discuss and facilitate organization of the operation with anesthesiologists and nurses who may be unfamiliar with the details of the process. Communication with the histocompatibility lab for procurement of appropriate blood samples and lymph nodes for tissue typing and crossmatching.

Description of Intra-Service Work: Position, prep, and drape the patient. Explore the donor through a midline incision from xyphoid to pubis with cruciate incisions as necessary and manually evaluate the intra-abdominal viscera. Open the gastrocolic ligament to expose the pancreas. Assess the vascular anatomy of the liver to recognize a possible accessory or anomalous right hepatic artery. Dissect the porta hepatis and identify the common bile duct and ligate it adjacent to the duodenum and divide it. Identify the common hepatic artery and dissect back towards the celiac trunk including dissection and vessel looping of the splenic artery. Dissect the portal vein. Perform a generous Kocher maneuver to mobilize the head of the pancreas. Position the NG tube through the pylorus into the duodenum and infuse antifungal and antibiotic agents. Pull back the NG tube into the stomach and with the GIA stapler, staple the first portion of the duodenum just distal to the pylorus and staple the very proximal jejunum distal to the ligament of Treitz. Take down the ligament attachments between the spleen and the abdominal wall, colon, and kidney. Mobilize the tail of the pancreas. Dissect the mesocolon and identify the middle colonic vessels. Identify the superior mesenteric arterial cascade distal to the pancreatic uncinate. Heparinize the patient and cannulate the infrarenal aorta and cannulate the inferior mesenteric vein. Apply vascular clamps to the suprahepatic aorta and flush the infrarenal aorta and inferior mesenteric vein with cold preservation solution and apply topical cold solution. Control the amount

of flushing of the pancreas through the splenic artery and superior mesenteric artery. Divide the portal vein, splenic artery, and superior mesenteric artery. Divide the middle colonic vessels either with the GIA stapler or individual suture ligatures. Divide small bowel mesenteric vascular arcade either with the GIA stapler or individual suture ligatures. Remove the pancreaticoduodenal allograft with spleen intact. Procure the donor common iliac, external iliac, and internal iliac arteries and veins. Reexamine the pancreaticoduodenal allograft on the "back table" and package with vessels in preservation solution in ice for transport. Procure additional lymph nodes from small bowel mesentery as needed for completion of crossmatching. Close the cadaver donor incision.

Description of Post-Service Work: Contact transplant coordinator at recipient hospital and confirm appropriate medical status of the recipient and give estimation of time when the organs will be back at the recipient hospital. Transportation then is taken back from the donor hospital to the recipient hospital. Dictate description of procedure. After the trip back to the transplanting hospital, on the "back table", the pancreaticoduodenal allograft is prepared for transplantation. The common bile duct is located and cannulated with a 5 French catheter to identify the ampulla. With this marked, the proximal and distal ends of the duodenum are shortened to an appropriate length, restapled with the GIA stapler, and the two ends inverted with interrupted sutures as Lembert stitches. The mesenteric vessels distal to the uncinate process of the pancreas are identified and individually ligated. There are two groups which include the middle colonic vessels and the small intestinal vessels from the superior mesenteric artery arcade. The inferior and superior borders of the pancreas graft are trimmed of extraneous adipose tissue. The spleen is taken off the tail of the pancreas by ligation of individual vessels. Next, vascular reconstruction is performed by constructing a Y-graft between the donor iliac vessels and the superior mesenteric artery and splenic artery of the pancreas allograft. Two end-to-end arterial anastomoses are performed. A portal venous extension graft utilizing donor common iliac vein is performed as an end-to-end anastomosis, if necessary. A duodenotomy is made on the antimesenteric border opposite the ampulla. The 5 French feeding tube is removed from the common bile duct and the common bile duct ligated.

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**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 47130 | Hepatectomy, resection of liver; total right lobectomy | 32.33 |
| 35646 | Bypass graft, with other than vein; aortofemoral or bifemoral | 24.59 |
| 44152 | Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy | 23.55 |
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; with vagotomy, any type | 19.61 |

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**RELATIONSHIP TO KEY REFERENCE SERVICE(S) AND/OR OTHER RATIONALE FOR RVW RECOMMENDATION (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress):** While post-operative evaluation and management services are not provided for this cadaver procedure, considerable work is involved after the pancreas is removed to prepare the organ for transplantation. In fact, since this "back table" work (see description of post-service work above) typically takes 120 to 180 minutes by itself, the recommended value is higher than the median value from the survey, which is based on a median post-service time of 0 minutes (and a median intra-service time of 200 minutes). The lower value derived from the survey may stem from the respondents' failure to understand that the service included this "back table" work. The value being recommended is consistent with the survey-based value for cadaver donor hepatectomy (33.56), the vignette for which much more clearly called attention to the required "back table" work (see tracking number K5).

of operative procedure, teach patient the medication schedule required as well as reorientation to a change in diet from the diabetic state to the insulin-independent state.

During the patients recuperation, they receive extensive teaching regarding medication, expectations regarding posttransplant lab testing and general health care. A complete summary of the patient's transplant event is dictated into the medical record and sent to the patient's primary care physician. In addition, the primary care physician is contacted by the transplant service to discuss the patient's procedure, outcome and current condition. The patient is given instructions regarding required lab testing, including urine collection for amylase. The patient's status is evaluated 2-3 times per week. Ongoing care of the patient is a cooperative effort between transplant coordinators in the Transplant Center, the patient, a transplant surgery staff, and the patient's primary care physician at home. Posttransplant clinic is also available to address the patient's specific health care needs. The pancreas graft is specifically monitored for dysfunction or rejection by observing for changes in the patient's serum or urinary amylase.

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**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 47130 | Hepatectomy, resection of liver; total right lobectomy | 32.33 |
| 35082 | Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta | 29.52 |

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**RELATIONSHIP TO KEY REFERENCE SERVICE(S) AND/OR OTHER RATIONALE FOR RVW RECOMMENDATION (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress):** Work is more difficult than for 47130, and the postoperative course much more complex.

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**RECOMMENDED RVW IS BASED ON AN ALTERNATIVE METHOD INSTEAD OF THE SURVEY RESULTS, PLEASE EXPLAIN WHY:**

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**SURVEY DATA:**

Specialty: American Society of Transplant Surgeons

Median Intra-Service Time: 300 Low: 180 High: 600

Median Pre-Service Time: 120 Median Post-Service Time: 440

Length of Hospital Stay: 21 Number & Level of Post-Hospital Visits: 3-99215; 3-99214; 4-99213

Number of Times Provided in Past 12 months (Median): 7

Other Data: none

Sample Size: 50 Response Rate (%): 62% Median RVW: 32.00

25th Percentile RVW: 30.00 75th Percentile RVW: 35.50 Low: 18.00 High: 55.00

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF RECOMMENDATION

Specialty Society: American Society of Transplant Surgeons

Presenter(s) at RUC Meeting: David E. R. Sutherland, M.D., Ph.D., and Frank Stuart, M.D.

Tracking Number: AF15 Global Period: 090 Recommended RVW: 19.74

CPT Descriptor: Removal of transplanted pancreatic allograft

## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45 year old male with a history of insulin-independent Type I diabetes mellitus and endstage nephropathy, who has undergone a combined kidney and pancreas transplant from a cadaver donor, with the pancreas anastomosed to the right iliac vessels and the graft duodenum connected to the bladder via a duodenocystostomy. Post-operatively the pancreas graft functions initially, but then is complicated by fever, abdominal pain, and CT evidence of peri-pancreatic fluid collection. Percutaneous drainage fluid grows staphylococcus and candida. Antibiotics are given. On the 14th postoperative day, pancreatic graft function ceases, and a doppler ultra-sound shows thrombosis of the graft vein. At laparotomy, an infected pancreas is encountered. The iliac vessels are mobilized proximally distal, the patient is heparinized, the pancreas duodenum is separated from the bladder, the artery and vein to the pancreas are ligated and divided, and the graft is removed. The bladder is closed and peritoneal lavage catheters inserted for irrigation of the infected area. Post-operatively the patient required ventilatory support for 24 to 48 hours. A course of antibiotics is given for 2 weeks.

Description of Pre-Service Work: Pre-service work entails preparing the patient for general anesthetic and surgery. This involves maintenance of hemodynamic stability and correction of electrolyte abnormalities, hyperglycemia, and coagulopathy. The patient's family is contacted and the procedure discussed. Consent for operation is obtained either from the patient or the patient's family.

Description of Intra-Service Work: The patient is appropriately positioned and the abdomen prepped and draped in a sterile manner. A Foley catheter is placed and, if necessary, a central venous line. Coordination with anesthesiologist for appropriate timing of parenteral administration of antibiotics. The previous midline incision is reopened. Intra-abdominal fluid is collected for microbiology analysis. The abdominal viscera are manually explored. The iliac vessels are identified, mobilized, and controlled proximal and distal to the vascular anastomoses. The patient is heparinized and vascular clamps applied. The anastomoses are taken down and the arteriotomy and venotomy closed without compromising the lumen of the vessel. The duodenum is taken down off the bladder and the pancreas graft submitted to pathology for evaluation. The cystotomy is closed in two or three layers with an absorbable monofilament suture. The peritoneum is irrigated with antibiotic and antifungal agents. Peritoneal lavage catheters are inserted for postoperative irrigation of the infected area. The fascia is closed with interrupted nonabsorbable monofilament suture. The skin is packed open and the wound dressed. The lavage catheters are sutured to the skin.

Description of Post-Service Work: Help with transfer and transport to the postoperative recovery area. Ensure that there is hemodynamic stability. Communicate with the patient, family and other health care professionals (including written and telephone reports). Dictate operative reports. Review pathology of pancreas graft. Review microbiology results and modify antibiotics as necessary. While in the intensive care unit, monitor the patient frequently during the next 48 hours to maintain adequate hemodynamic stability and to ascertain the potential for postoperative bleeding or arterial or venous thrombosis of the iliac vessels. Monitor clinical status of the cardiopulmonary system and kidney transplant function. Continue antimicrobial therapy and assess that the infection is adequately controlled. As the patient recovers, determine activity level and reinstitution of diet. Remove the peritoneal lavage catheters. Perform twice to three times daily wound dressing changes to the open skin incision. Teach patient appropriate wound management.

During the patient's recuperation, he receives extensive education regarding general health care, transplant medications and side effects, and how to do his lab monitoring. A complete summary of the patient's course is dictated for the medical record and is

The procedure must be performed carefully in order to assure a functioning organ (i.e., the organ is not simply being discarded or sent to pathology). Finally, the procedure typically involves considerable travel time for the surgeon and this is not separately reimbursed. Recommended work value is expressed in terms of 1994 relative values (i.e., the required budget neutrality adjustment has been made).

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**RECOMMENDED RVW IS BASED ON AN ALTERNATIVE METHOD INSTEAD OF THE SURVEY RESULTS, PLEASE EXPLAIN WHY:**

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**SURVEY DATA:**

Specialty: American Society of Transplant Surgeons

Median Intra-Service Time: 200 Low: 120 High: 360

Median Pre-Service Time: 60 Median Post-Service Time: 0

Length of Hospital Stay: 0 Number & Level of Post-Hospital Visits: 0

Number of Times Provided in Past 12 months (Median): 10

Other Data: none

Sample Size: 50 Response Rate (%): 62% Median RVW: 25.00

25th Percentile RVW: 20.00 75th Percentile RVW: 25.25 Low: 15.00 High: 35.00

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF RECOMMENDATION

Specialty Society: American Society of Transplant Surgeons

Presenter(s) at RUC Meeting: David E. R. Sutherland, M.D., Ph.D., and Frank Stuart, M.D.

Tracking Number: AF14 Global Period: 090 Recommended RVW: 34.55

CPT Descriptor: Transplantation of pancreatic allograft

## CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25 year old female has had insulin-dependent Type I diabetes mellitus for 15 years. She has diabetic retinopathy and neuropathy and is brittle, with frequent episodes of diabetic keto-acidosis alternating with insulin reactions. She no longer can sense when blood sugar becomes low until she collapses (hypo-glycemic unawareness), and thus requires constant attention from her family and cannot live independently. She is treated with a pancreas transplant when a suitably matched cadaver donor becomes available. A whole pancreas duodenal allograft is transplanted through a midline abdominal incision with anastomosis of the graft artery and vein to the recipient iliac artery and vein. The graft duodenum is then anastomosed to the recipient bladder for drainage of exocrine secretions. The post-operative course is complicated by a peripancreatic fluid collection which is drained.

Description of Pre-Service Work: When an appropriately matched organ from a healthy donor becomes available the transplant surgeon is notified and subsequently contacts the potential recipient. The surgeon assesses the patient over the telephone to determine if any medical conditions currently exist that would contraindicate transplantation at this time. If it is determined that the potential recipient is relatively healthy they are admitted to the hospital in preparation for surgery. Upon admission the patient undergoes a complete physical and laboratory examination. A cross match is obtained between the recipient and the pancreas donor. When the crossmatch is negative and all is in readiness for the operation, the patient is taken to the preanesthesia holding area for evaluation by anesthesiology.

Description of Intra-Service Work: Position, prep, and drape the patient. Place Foley catheter and central venous line. Coordinate with anesthesiology administration of antibiotics and intraoperative immunosuppression. Perform a midline abdominal incision and manual intra-abdominal evaluation. Mobilize the ascending colon and identify and mobilize the recipient left ureter and left common iliac arteries and veins. Isolate, ligate, and divide all the left hypogastric veins. Heparinize the patient and apply vascular clamps to the iliac arteries and veins. Perform the venotomy and perform the end-to-side portal vein to external iliac vein anastomosis. Next, perform the arteriotomy and perform the end-to-side arterial conduit graft to external iliac artery anastomosis. Release the vascular clamps, inspect anastomosis, and inspect the vascularity to the pancreas allograft. Ligate bleeding vessels. Remove the allogeneic spleen if not previously removed in the pretransplant organ preparation procedure. Mobilize the bladder and perform the duodenocystotomy as a hand-sewn two-layered anastomosis. Position the pancreas graft appropriately and reposition the mobilized colon. Thoroughly irrigate the abdomen with antibiotic and antifungal irrigation solution. Close the fascia and skin incision and dress the incision.

Description of Post-Service Work: Help with transfer and transport of the patient to the postoperative recovery area. Ensure that hemodynamic stability is achieved. Communicate with the family as well as other health care professionals (including written and telephone reports). Dictate operative reports. While in the postoperative recovery area and prior to transport to the ICU, reevaluate the laboratory parameters and hemodynamic stability. Assess the patient frequently over the next 48 hours to maintain hemodynamic stability, determine metabolic function of the pancreas transplant, and the presence of postoperative bleeding requiring re-exploration. Assess cardiac, pulmonary, and renal function including monitoring of x-rays and nuclear medicine blood flow studies or duplex ultrasounds. Over the remainder of the inpatient period, determine activity level and diet. Assess the acid-base status of the patient. Surveillance for peripancreatic fluid collection via abdominal x-rays, ultrasound, or CT scan. Presence of peripancreatic fluid collection with clinical signs and symptoms of possible pancreaticocystotomy leak or abscess entails. Arranging aspiration of peripancreatic fluid collection by invasive radiology consultants or abdominal exploration. Analyze fluid drainage by routine chemistries and microbiology cultures. After recovery

sent to the patient's primary care physician. In addition, a telephone call is made to the primary care physician to describe the patient's hospitalization, current status, and to establish the responsibilities that will be assumed by the transplant service. The patient is given instructions about needed lab testing. Posttransplant clinic is available to the patient for specific problems. Each patient is discharged with a foley catheter which is to remain in place for 14 days after discharge, and then removed.

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 44152 | Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy | 23.55 |
| 43635 | Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy orgastrojejunostomy; with vagotomy, any type | 19.61 |

**RELATIONSHIP TO KEY REFERENCE SERVICE(S) AND/OR OTHER RATIONALE FOR RVW RECOMMENDATION (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress):** A number of these cases are quite difficult, especially where vascular reconstructions must be done in the face of infection. There is also the difficult decision making involved in determining whether removal is warranted, since the healing process is far from simple.

**RECOMMENDED RVW IS BASED ON AN ALTERNATIVE METHOD INSTEAD OF THE SURVEY RESULTS, PLEASE EXPLAIN WHY:**

**SURVEY DATA:**

Specialty: American Society of Transplant Surgeons

Median Intra-Service Time: 180 Low: 120 High: 360

Median Pre-Service Time: 60 Median Post-Service Time: 225

Length of Hospital Stay: 14 Number & Level of Post-Hospital Visits: 1-99214; 3-99213

Number of Times Provided in Past 12 months (Median): 1

Other Data: none

Sample Size: 50 Response Rate (%): 62% Median RVW: 20.00

25th Percentile RVW: 17.25 75th Percentile RVW: 25.00 Low: 12.90 High: 47.00

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| **Hernia Repair (Pediatric)** | | | | | |
| | | For the revised code 49500, the RUC recommends that the current value of 5.15 be maintained. The RVW for code 49680 was reduced in HCFA's refinement process, however, and the RUC considers the current published value, which is only 65% of the value for the same procedure in an adult, to be too low. | | | |
| | | The new hernia repair codes for procedures provided to patients under 6 months of age were surveyed using two different vignettes, one for a term infant and one for a premature infant. The survey values were blended using frequency data on the two classes of patients that was obtained from the survey respondents. Much of the discussion of these recommendations focused on the vignettes and the blending approach. It was noted that, for the premature infants with reducible hernias, surgery would be delayed as long as possible so that they might be older than 6 mos. by the time the operation was done. | | | |
| U1 | +49495 | Repair initial inguinal hernia, under age 6 months, with or without hydrocelectomy; reducible | new | 090 | 6.93 |
| U2 | +49496 | incarcerated or strangulated | new | 090 | 9.31 |
| U3 | 49500 | Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible | revised | 090 | 5.15 (No Change) |
| U4 | +49501 | incarcerated or strangulated | new | 090 | 8.10 |
| U21 | 49580 | Repair umbilical hernia, under age 5 years, reducible | revised | 090 | 5.00 |

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| U34 | 49581 | age 5-or-over<br><br>(49581 has been deleted. To report, see 49585 or 49587) | deleted | 090 | |
| U22 | •49582 | incarcerated or strangulated | new | 090 | 7.92 |
| U25 | 49600 | Repair of small omphalocele, small with primary closure | revised | 090 | 9 72<br>(No Change) |
| U26 | 49605 | Repair of large omphalocele or gastroschisis, with or without prosthesis; | revised | 090 | 22 45<br>(No Change) |
| U27 | 49606 | with staged closure removal of prosthesis, with final reduction and closure, in operating room under anesthesia | revised | 090 | 18 37<br>(No Change) |

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: U1 CPT Code: 49XX1 Global Period: 090

CPT Descriptor:

Repair initial inguinal hernia, under age 6 mo., with or without hydrocelectomy: reducible

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Patient 1: Four mo. healthy term male infant with a reducible right inguinal hernia.

Patient 2: Five month male born at 26 weeks gestation with a right inguinoscrotal hernia; has bronchopulmonary dysplasia on diuretics, bronchodilators, 1/8 liter nasal oxygen and apnea monitor; ventriculoperitoneal shunt present for hydrocephalus

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49500 | Repair inguinal hernia, under age 5 years, with or without hydrocelectomy | 5.15 |
| 49505 | Repair inguinal hernia, age 5 or over | 6.32 |
| 49515 | Repair inguinal hernia, age 5 or over; with excision or hydrocele or spermatocele | 6.81 |
| 54640 | Orchiopexy, any type | 6.71 |

Relationship to Key Reference Service(s):

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Increment in patient 1 attributable to small increase in operative time, technical demands and risk. Primary increment is need for 24 hour hospitalization and apnea and oxygen saturation monitoring of all infants less than 50 gestational weeks (2.5 mos. if term). Patient 2 represents a large increment in intra and post service work, and risk, and followup visits as a result of large chronic inguinoscrotal hernias, need for posterior wall repair as in adults; more extensive operation than 54640; hospitalization for management of pulmonary insufficiency, right heart failure, and antibiotic coverage of shunted hydrocephalus. Frequency distribution 1/3.3 : RVWs of 6.25 + 8.5 blended to 6.93.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U3 CPT Code: 49500 Global Period: 090

CPT Descriptor: Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy reducible

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Two year old male with a reducible right inguinal hernia.
RVW established at 5.15 (or 85% of #49505)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49505 | Repair inguinal hernia, age 5 or over | 6.32 |
| 49515 | Repair inguinal hernia, age 5 or over, with hydrocoele | 6.81 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Is the reference service - no change.

SURVEY DATA:

Median Intra-Service Time: 45 Low: 25 High: 90

Median Pre-Service Time: 45 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 1 - 99212

Other Data: Median frequency 80/yr.

SURVEY DATA

Pediatric Surgery (Patient 1)

Median Intra-Service Time: 50 Low: 30 High: 75

Median Pre-Service Time: 45 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 1 - 9912

Other Data: Median frequency 50/Yr

Pediatric Surgery (Patient 2)

Median Intra-Service Time: 60 Low: 45 High: 100

Median Pre-Service Time: 40 Median Post-Service Time: 60

Length of Hospital Stay: 1.5

Number & Level of Post-Hospital Visits: 2 (99214, 99213)

Other Data: Median frequency 15/yr

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: U2 CPT Code: 49XX2 Global Period: 090

CPT Descriptor:

Repair initial inguinal hernia, under age 6 mo., without or without hydrocelectomy; incarcerated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):
Patient 1: Four month previously healthy term male infant with an incarcerated right inguinal hernia.
Patient 2: Five month male born at 26 weeks gestation with an incarcerated right inguinoscrotal hernia; has bronchopulmonary dysplasia on diuretics, bronchodilators, 1/8 liter nasal oxygen and apnea monitor; ventriculoperitoneal shunt present for hydrocephalus.

Describe any Specialty Differences In the Description of the Typical Patient:

N/A/

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 4500 | Repair inguinal hernia, under age 5 yesrs with or without hydrocelectomy | 5.15 |
| 49515 | Repair inguinal hernia, age 5 or over, with excision of hydrocele or spermatocele | 6.81 |
| 49530 | Repair inguinal hernia, any age; recurrent,incarcerated | 7.92 |
| 49535 | Repair ing. hernia, any age;recurrent,strangulated | 9.87 |

Relationship to Key Reference Service(s):

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

These are done infrequently but require a significant increase in technical skill to handle very thin edematous sac and spermatic vessels. Risks of testicular atrophy and recurrence greatly increased; often require Bassini repair. LOS 1-6 days determined by degree of testicular ischemia and fever or comorbidities in patient 2. Additional OPV for postoperative hematoma/hydrocele and evaluation of testis. RVWs of 8.2 + 10.1 blended to 9.34 based on frequency distribution.

SURVEY DATA

Pediatric Surgery (Patient 1)

25th Percentile RVW: 7.7 75th Percentile RVW: 8.95 Low: 7 High: 12

Median Intra-Service Time: 60 Low: 40 High: 120

Median Pre-Service Time: 80 Median Post-Service Time: 60

Length of Hospital Stay: 1.5

Number & Level of Post-Hospital Visits: 2 (99213)

Other Data: Median frequency 5/Yr

Pediatric Surgery (Patient 2)

25th Percentile RVW: 8.5 75th Percentile RVW: 12.5 Low: 7.4 High: 13

Median Intra-Service Time: 90 Low: 45 High: 150

Median Pre-Service Time: 100 Median Post-Service Time: 90

Length of Hospital Stay: 2.5

Number & Level of Post-Hospital Visits: 2 (99214, 99213)

Other Data: Median frequency 3/Yr

25th Percentile RVW: _____ 75th Percentile RVW: _____ Low: _____ High: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

General Surg

Tracking Number: U4 CPT Code: •49XX3 Global Period: 090

CPT Descriptor: Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Two year old male with an incarcerated right inguinal hernia.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49500 | Repair initial inguinal hernia, age 6 mos to 5 yrs, with or without hydrocoelectomy | 5.15 |
| 49515 | Repair inguinal hernia, age 5 or over, with hydrocoele | 6.81 |
| 49530 | Repair inguinal hernia, any age, incarcerated | 7.92 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SURVEY DATA:

Median Intra-Service Time: 60 Low: 25 High: 110

Median Pre-Service Time: 80 Median Post-Service Time: 60

Length of Hospital Stay: 1.5

Number & Level of Post-Hospital Visits: 2 - 99212

Other Data: Median frequency 5/yr.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U21 CPT Code: 49580 Global Period: 090

CPT Descriptor: Repair umbilical hernia, under age 5 years; reducible

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A four year old has an umbilical hernia with a 3 cm. fascial defect

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49581 | Repair umbilical hernia, age 5 or over | 5.07 |
| 49500 | Repair inguinal hernia under 5 yrs with or without hydrocoelectomy | 5.15 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Time and work equal to 49500 but less skill required. Statistical correlation between this survey and Hsaio very high. Work/time differences between 49580 and 49581 minimal, if any.

SURVEY DATA:

Median Intra-Service Time: 45 Low: 30 High: 120

Median Pre-Service Time: 45 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 1 - 99212

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Gen Surg

Tracking Number: U22 CPT Code: 49X12 Global Period: 090

CPT Descriptor: Repair umbilical hernia, under age 5 years; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 19 month old child has an umbilical hernia with incarcerated small bowel and small bowel obstruction.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49580 | Repair umbilical hernia; under age 5 yrs: (Request) | 5.0 |
| 49530 | Repair inguinal hernia, any age; incarcerated | 7.92 |
| 44005 | Enterolysis | 12.83 |

Relationship to Key Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SURVEY DATA:

Median Intra-Service Time: 60 Low: 35 High: 120

Median Pre-Service Time: 75 Median Post-Service Time: 60

Length of Hospital Stay: 3

Number & Level of Post-Hospital Visits: 2

Other Data: Median frequency 0/Yr. (0-3)

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Gen Surg

Tracking Number: U5 CPT Code: 49505 Global Period: 090

CPT Descriptor: Repair initial inguinal hernia, age 5 years or over; reducible

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

21-year-old male who presents with burning pain in his right groin with an obvious 2 cm bulge on standing. This disappears with minimal groin pressure or the assumption of a recumbent position.

Recovery Room: 15-30 minutes
Recovery Room again: 15 minutes at time of discharge

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |
| 49550 | Repair femoral hernia, groin incision | 6.32 |
| 49575 | Repair epigastric hernia, properitioneal fat (separate procedure) | 6.57 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Editorial change only.

SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 40 min. High: 120 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits:

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U6 CPT Code: •49XX4 Global Period: 090

CPT Descriptor: Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):
65-year-old male who presents to the emergency room with a two hour history of painful swelling in his left groin of acute onset and intensely progressive in nature. Abdominal X-ray revieals air fluid levles in the small bowel, and there is a history of no flatus. Some nausea and no vomiting. White blood cells 11,000 with evidence of left shift.

Day of Surgery Recovery Room: 30 minutes
Day of Surgery ICU: 15 minutes
Day 1-2 ICU: 30 minutes each
Day 3-7 Floor: 15-20 minutes

Recovery Room and ICU may require temorary assisted ventilation. Fluid and electrolyte management for 4-5-6 days. Nasogastric suction. Foley catheter and central line.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49505 | Repair inguinal hernia, age 5 or over | 6.32 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |
| 49530 | Repair inguinal hernia, any age; incarcerated | 7.92 |
| 49515 | Repair inguinal hernia, age 5 or over; with excision of hydrocele or spermatocele | 6.81 |
| 49510 | Repair inguinal hernia, age 5 or over; with orchiectomy, iwth or without implantation of prosthesis | 6.72 |
| 49500 | Repair inguinal hernia, under age 5 years, with or without hydrocelectomy | 5.15 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Done as an emergency. This entails much more preoperative evaluation and encompasses the entire array of patient stabilization, electrolyte management and operative work is more time consuming. Also requires more hospital stay and postoperative management. There is a 3 day longer hospital stay on average than recurrent or primary hernias.

SURVEY DATA:

Median Intra-Service Time: 98 min. Low: 60 min. High: 180 min.

Median Pre-Service Time: 83 min. Median Post-Service Time: 120 min.

Length of Hospital Stay: 4 days

Number & Level of Post-Hospital Visits:

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Gen. Surg. 9

Tracking Number: U7 CPT Code: 49520 Global Period: 090

CPT Descriptor: Repair recurrent inguinal hernia, any age ~~recurrent~~, reducible;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65-year-old male with history of right inguinal hernia 10 years ago. Now presents with a 5 cm bulge in right groin extending into scrotum which is reducible in the recumbent position. The defect on physical examination is 3 fingerbreadths. A prosthetic device is not used in the repair.

Day of Surgery Recovery Room: 15 minutes
Day 1 Floor: 15-20 minutes
Day 2 Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49520 | Repair inguinal hernia, any age; recurrent | 8.06 |
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |
| 49530 | Repair inguinal hernia, any age; incarcerated | 7.92 |
| 49525 | Repair inguinal hernia, any age; sliding | 7.14 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Editorial change only.

SURVEY DATA:

Median Intra-Service Time: 90 min. Low: 50 min. High: 150 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits:

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U8 CPT Code: •49XX5 Global Period: 090

CPT Descriptor: Repair recurrent inguinal hernia, any age; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old maile with onset of pain and swelling in his right groin for 24 hours. This has become progressively worse the past 3 hours and now is intensely painful with erythema of the skin. White blood count 17,000, multiple air fluid l on abdominal X-ray, obstipation for 36 hours, and no flatus for 24 hours. Nausea and vomiting next 4 hours with electr imbalance.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery ICU: 15 minutes
Day 1-2 ICU: 30 minutes each
Day 3-6 Floor: 15-20 minutes
Day 7 Floor: 30 minutes

Recovery Room and ICU probably require 18 to 36 hours of assisted ventilation. Fluid and electrolyte manage Nasogastric suction. Foley catheter and probably central line.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49520 | Repair inguinal hernia, any age; recurrent | 8.06 |
| 49505 | Repair inguinal hernia, age 5 or over | 6.32 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |

Rela work

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (include all applicable elemer work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This operation is more complex than 49XX4 as it is a recurrent hernia operation where the surgery is longer and n complex secondary to scarring from the original procedure. There is another hospital stay added to this procedure, w constitutes a more complex post operative management.

SURVEY DATA:

Median Intra-Service Time: 120 min. Low: 60 min. High: 240 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 120 min.

Length of Hospital Stay: 5 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U10 CPT Code: 49550 Global Period: 090

CPT Descriptor: Repair initial femoral hernia; ~~groin incision~~, reducible

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

45-year-old female with a 2 cm swelling in right groin that comes and goes. She has a burning pain down the anterior aspect of the right thigh when she can see the bulge. This usually goes away when she lies down at night.

Day of Surgery Recovery Room: 15 minutes
Day of Surgery Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49550 | Repair femoral hernia, groin incision | 6.32 |
| 49555 | Repair femoral hernia, recurrent, any approach | 7.47 |
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |
| 49552 | Repair femoral hernia, Henry approach | 5.93 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

A more complex operation than 49505 and frequently requires an extended incison or counter incision. Therefore the increase of .18 RVU's. It also requires a more complex repair.

SURVEY DATA:

Median Intra-Service Time: 75 min. Low: 20 min. High: 150 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits:

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Gen Surg

Tracking Number: U11 CPT Code: •49XX6 Global Period: 090

CPT Descriptor: Repair initial femoral hernia; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

27-year-old female presents with 24 hour history of exquisitely tender mass in right groin. History of nausea and vor for past 12 hours. Unable to keep liquids down. Abdominal X-rays reveal air filled dilated loops of small bowel. count 22,000; sodium 12.9; and potassium 2.9. Physical examination reveals firm erythematous 4 cm mass in right medial to femoral vessels.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery Floor: 15 minutes
Day 1-4 Floor: 15 minutes
Day 5 Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49555 | Repair femoral hernia, recurrent, any approach | 7.47 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |
| 49530 | Repair inguinal hernia, any age; incarcerated | 7.92 |
| 44005 | Enterolysis (feeing of intestinal adhesion) (separate procedure) | 12.83 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elem work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

More complex operative management. Requires a more extensive dissection and frequently a counter incision. Also req a more complex repair.

SURVEY DATA:

Median Intra-Service Time: 108 min. Low: 60 min. High: 180 min.

Median Pre-Service Time: 90 min. Median Post-Service Time: 120 min.

Length of Hospital Stay: 4 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U14 CPT Code: 49560 Global Period: 090

CPT Descriptor: Repair initial ~~ventral~~ (incisional) hernia; reducible (separate procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

67-year-old female presents with a budge in the lateral aspect of her cholecystectomy incision. In the supine position, the bulge goes away and the fascial defect is 4 cm.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery Floor: 15 minutes
Day 1 Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49560 | Repair ventral (incisional) hernia (separate procedure); | 9.72 |
| 49565 | Repair ventral (incisional) hernia (separate procedure); recurrent | 8.55 |
| 49520 | Repair inguinal hernia, any age; recurrent | 8.06 |
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Editorial change only.

SURVEY DATA:

Median Intra-Service Time: 90 min. Low: 50 min. High: 120 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Gen Surg

Tracking Number: U13 CPT Code: •49XX7 Global Period: 090

CPT Descriptor: Repair recurrent femoral hernia; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

35-year old female presents with 24 hour history of exquisite pain in left groin. Nausea and vomiting for 18 hours. Temperature of 101 degrees. Abdominal X-rays show dilated air filled loops of small bowel. White count 27,000; sodium 12.9; potassium 2.9. Physical examination reveals exquisitely tender erythematous mass in right groin medial to femoral vessels.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery Floor: 15 minutes
Day 1-5 Floor: 15 minutes
Day 6 Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49555 | Repair femoral hernia, recurrent, any approach | 7.47 |
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |
| 46260 | Hemorrhoidectomy, internal and external, complex or extensive; | 6.86 |
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

More complex. More management - More complex repair than 49XX5.

SURVEY DATA:

Median Intra-Service Time: 120 min. Low: 60 min. High: 210 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 120 min.

Length of Hospital Stay: 5 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

65

Tracking Number: U15 CPT Code: •49XX8 Global Period: 090

CPT Descriptor: Repair initial incisional hernia; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

72-year-old male presents with a 24 hour history of midline epigastric pain, nausea and vomiting. He has an erythematous, exquisitely painful periumbilical mass 7cm and a history of previous aortobifemoral bypass 7 years ago. X-rays show multiple air filled distended loops of small bowel. Sodium 12.9; potassium 2.5 mEq/L; white blood count 18,000.

| | |
|---|---|
| Day of Surgery Recovery Room: | 15-30 minutes |
| Day of Surgery ICU: | 15 minutes |
| Day 1 ICU: | 20 minutes |
| Day 2-6 Floor: | 15 minutes |
| Day 7 Floor: | 30 minutes |

Recovery Room and ICU probably require assisted ventilation. Central line. Nasogastric tube. Foley catheter. Management of ventilation and fluids.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49560 | Repair ventral (incisional) hernia (separate procedure); | 9.72 |
| 49565 | Repair ventral (incisional) hernia (separate procedure); recurrent | 8.55 |
| 44005 | Enterolysis (freeing of intestinal adhesion) (separate procedure) | 12.83 |
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Longer operation and dissection than 49XX5 and 49XX7. Usually requires lysis of adhesions (minimal) which is not a change.

SURVEY DATA:

Median Intra-Service Time: 120 min. Low: 75 min. High: 240 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 120 min.

Length of Hospital Stay: 5 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U16 CPT Code: 49565 Global Period: 090

CPT Descriptor: Repair recurrent ~~ventral~~ (incisional) hernia; reducible (separate procedure)~~; recurrent~~

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65-year-old male history of large bulge in midepigastric area for 2 months. This disappears when he lies down. Previous history of gastrectomy for bleeding ulcer with resultant hernia in his incision. This was repaired about 5 years ago, but he thinks it has recurred. Physical examination reveals a 3 cm defect in his midline scar, which bulges upon arising.

| | |
|---|---|
| Day of Surgery Recovery Room: | 15-30 minutes |
| Day of Surgery Floor: | 15 minutes |
| Day 1-4 Floor: | 15 minutes |
| Day 5 Floor: | 30 minutes |

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49565 | Repair ventral (incisional) hernia (separate procedure); recurrent | 8.55 |
| 49560 | Repair ventral (incisional) hernia (separate procedure); | 9.72 |
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |
| 49520 | Repair inguinal hernia, any age; recurrent | 8.06 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Same procedure as 49560

## SURVEY DATA:

Median Intra-Service Time: 90 min. Low: 45 min. High: 180 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 90 min.

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

35

Tracking Number: U17 CPT Code: •49XX9 Global Period: 090

CPT Descriptor: Repair recurrent incisional hernia; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

75-year-old female with previous history of hysterectomy 20 years ago. A subsequent hernia in this incision was repaired 10 years ago. Now has a 72 hour history of bulge in scar, exquisitely tender and red, with a 48 hour history of nausea and vomiting. Unable to keep liquiods down. Sodium 12.5; potassium 2.7 mEq/L; white blood coutn 25,000.

| | |
|---|---|
| Day of Surgery Recovery Room: | 15-30 minutes |
| Day of Surgery ICU: | 15 minutes |
| Day 1-2 ICU: | 15-20 minutes |
| Day 3-7 Floor: | 15 minutes |
| Day 8 Floor: | 30 minutes |

Patient probably will require assisted ventilation, central line, nasogastric tube. Foley catheter. Continued fluid and electrolyte monitoring.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49565 | Repair ventral (incisional) hernia (separate procedure); recurrent | 8.55 |
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |
| 49560 | Repair ventral (incisional) hernia (separate procedure); | 9.72 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

More complex for incarcerated. More emergent procedure usually more extensive lysis of adhesions. Usually associated with a fascial weakness which requires suture of fascia or relaxing incisions.

SURVEY DATA:

Median Intra-Service Time: 120 min. Low: 90 min. High: 240 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 165 min.

Length of Hospital Stay: 6 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U19 CPT Code: 49570 Global Period: 090

CPT Descriptor: Repair epigastric hernia; ~~properitoneal fat (separate procedure); simple~~ reducible (separate procedure)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

63-year-old male presents with 2 cm bulge in upper midline. This only occurs when he stands, laughs, coughs or sneezes. Not painful. When supine, this goes away. No previous history of surgery. Fascial defect is 2 cm.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery Floor: 15 minutes
Day 1 Floor: 30 minutes

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49570 | Repair epigastric hernia, properitoneal fat (separate procedure); simple | 4.57 |
| 49575 | Repair epigastric hernia, properitoneal fat (separate procedure); complex | 6.57 |
| 44950 | Appendectomy | 6.21 |
| 49560 | Repair ventral (incisional) hernia (separate procedure); | 9.72 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is a conbination of 49570 & 49575 - 49570 has been deleted as stated which makes this not a simple herriation of properitoneal fat. Is less work than the complex 49575 and more work than 49570 Iintraoperative).

## SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 30 min. High: 60 min.

Median Pre-Service Time: 53 min. Median Post-Service Time: 38 min.

Length of Hospital Stay: 1 dav

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

B.C

Tracking Number: U20 CPT Code: •49X11 Global Period: 090

CPT Descriptor: Repair epigastric hernia; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

63-year-old presents with 2 cm bulge in upper midline. This only occurs when he stands, laughts, coughs or sneezes; painful. Does not go away in the supine position. No nausea or vomiting. Previous history: no history of surgery. Fascial defect is 2 cm. Abdominal X-ray and serum electrolytes normal. WBC 15,000. Slight erythema to bulge, but very tender.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery Floor: 15 minutes
Day 1 Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49575 | Repair epigastric hernia, properitoneal fat (separate procedure); complex | 6.57 |
| 49530 | Repair inguinal hernia, any age; incarcerated | 7.92 |
| 49550 | Repair femoral hernia, groin incision | 6.32 |
| 49570 | Repair epigastric hernia, properitoneal fat (separate procedure); simple | 4.57 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is more extensive surgically than 49575 and again less extensive than 49530. The reasoning being the anatomy of an incarcerated strangulated inguinal hernia is more complex and requires more complex surgery.

SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 45 min. High: 120 min.

Median Pre-Service Time: 60 min. Median Post-Service Time: 60 min.

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

6.5

Tracking Number: U23 CPT Code: •49X13 Global Period: 090

CPT Descriptor: Repair umbilical hernia, age 5 years or over; reducible

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

5 year-old maile presents with pain. Has 7 cm mass through umbilicus. Disappears in supine position, but still has redundant skin. Fascial defect 3 cm.

Day of Surgery Recovery Room: 15-30 minutes
Day of Surgery Floor: 30 minutes

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49581 | Repair umbilical hernia; age 5 or over | 5.07 |
| 49580 | Repair umbilical hernia; under age 5 years | 3.32 |
| 49500 | Repair inguinal hernia, under age 5 years, with or without hydrocelectomy | 5.51 |
| 49505 | Repair inguinal hernia, age 5 or over; | 6.32 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Editorial change only.

SURVEY DATA:

Median Intra-Service Time: 60 min. Low: 30 min. High: 90 min.

Median Pre-Service Time: 48 min. Median Post-Service Time: 33 min.

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: 3 Level II

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

G.S

Tracking Number: U24 CPT Code: •49X14 Global Period: 090

CPT Descriptor: Repair umbilical hernia, age 5 years or over; incarcerated or strangulated

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

10-year-old maile with history of 48 hours of nausea, vomiting. Mother states child has a hard, red, painful lump in his bellow button, which won't go away like it used to. Unable to keep water down. Child looks ill (acutely). WBC 27,000; Sodium 12.5; potassium 2.8 mEq/L. X-ray reveals multiple dilated air filled loops of small intestines.

| | |
|---|---|
| Day of Surgery Recovery Room: | 15-30 minutes |
| Day of Surgery Floor: | 15 minutes |
| Day 1-3 Floor: | 15 minutes |
| Day 4 Floor: | 30 minutes |

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49535 | Repair inguinal hernia, any age; strangulated | 9.87 |
| 49530 | Repair inguinal hernia, any age; incarcerated | 7.92 |
| 49581 | Repair umbilical hernia; age 5 or over | 5.07 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This is less complicated than incarcerated/strangulated inguinal hernia repair. The preoperative evaluation and management are similar and the postoperative hospital stay may be one day less; therefore, this fits between the recommended values for 49XX4 and the deleted code 49530.

## SURVEY DATA:

Median Intra-Service Time: 75 min. Low: 60 min. High: 120 min.

Median Pre-Service Time: 120 min. Median Post-Service Time: 105 min.

Length of Hospital Stay: 3 days

Number & Level of Post-Hospital Visits: 3-4 Level II

Other Data:

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| **Hernia Repair (Other Than Pediatric)** | | | | | |
| | | The RUC's consideration of the new codes in this issue focused on the ratios identified by the survey process between reducible and incarcerated or strangulated hernias and between initial and recurrent hernias. The recommendations are consistent across the issue in applying these ratios. The general surgeons indicated that the coding changes were made in order to better describe hernia procedures according to these dimensions, as well as the location of the hernia. They also indicated that they were satisfied with the increases made in the RVW assigned to existing hernia codes in HCFA's refinement process and that they were not seeking to increase the overall RVW for the family of hernia repair codes. With one exception (code 49565), the RUC did not feel that there was compelling evidence presented that the values assigned to revised codes should be increased from their current levels and recommends no change in the RVW. There is one additional code in this section for which a recommendation will be developed at the RUC's June meeting--an add-on code for implementation of mesh or other prosthesis for incisional hernia repair. | | | |
| U5 | 49505 | Repair initial inguinal hernia age 5 years or over; reducible | revised | 090 | 6.32 (No Change) |
| U6 | +49507 | incarcerated or strangulated | new | 090 | 8.20 |
| U28 | 49510 | with orchiectomy, with or without implantation of prosthesis<br>(49510 has been deleted. To report use 49505 or 49507 and 54520) | deleted | 090 | |
| U29 | 49515 | with excision of hydrocele or spermatocele<br>(49515 has been deleted. To report see 49505 or 49507 and 54840 or 55040) | deleted | 090 | |
| U7 | 49520 | Repair recurrent inguinal hernia, any age; recurrent, reducible | revised | 090 | 8.06 (No Change) |
| U8 | +49521 | incarcerated or strangulated | new | 090 | 10.50 |
| U9 | +49525 | Repair inguinal hernia any age; sliding any age | new | 090 | 7.14 |

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| U30 | 49530 | ~~incarcerated~~<br><br>(49530 has been deleted. To report see 49496, 49501, 49507, or 49521) | deleted | 090 | |
| U31 | 49535 | ~~strangulated~~<br><br>(49535 has been deleted. To report, see 49496, 49501, 49507, or 49521) | deleted | 090 | |
| U10 | 49550 | Repair initial femoral hernia, groin incision, reducible | revised | 090 | 6.32<br>(No Change) |
| U32 | 49552 | ~~Repair femoral hernia, Henry approach~~<br><br>(49552 has been deleted. To report see 49550 or 49553) | deleted | 090 | |
| U11 | •49553 | incarcerated or strangulated | new | 090 | 9.87 |
| U12 | 49555 | Repair recurrent femoral hernia; ~~recurrent, any approach~~; reducible | revised | 090 | 7.47<br>(No Change) |
| U13 | •49557 | incarcerated or strangulated | new | 090 | 10.58 |
| U14 | 49560 | Repair initial ventral (incisional) hernia; reducible (separate procedure) | revised | 090 | 9.72<br>(No Change) |
| U15 | •49561 | incarcerated or strangulated | new | 090 | 10.90 |
| U16 | 49565 | Repair recurrent ventral (incisional) hernia; reducible (separate procedure); ~~recurrent~~ | revised | 090 | 9.72 |
| U17 | •49566 | incarcerated or strangulated | new | 090 | 11.80 |
| U19 | 49570 | Repair epigastric hernia (eg, preperitoneal fat), properitoneal fat (separate procedure); simple reducible (separate procedure) | revised | 090 | 4.57<br>(No Change) |
| U20 | •49572 | incarcerated or strangulated | new | 090 | 7.25 |
| U33 | 49575 | ~~complex~~<br><br>(49575 has been deleted. To report use 49572) | deleted | 090 | |

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| U23 | •49585 | Repair umbilical hernia, age 5 years or over; reducible | new | 090 | 5.07 |
| U24 | •49587 | incarcerated or strangulated | new | 090 | 8.44 |
| U35 | 54840 | Excision of spermatocele, with or without epididymectomy<br><br>(With hernia repair--see 49515) | revised | 090 | 5.14<br>(No Change) |
| U36 | 55011 | Excision of hydrocele, bilateral<br><br>(With hernia repair, see 49500-49515 49595-49501 | revised | 090 | 7.56<br>(No Change) |

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AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## HERNIA REPAIR (OTHER THAN PEDIATRIC) - TAB 25

The remaining codes in this section of CPT were submitted in June. The new code 49568, an add-on code for implantation of mesh or other prosthesis for incisional hernia repair, was referred back to the general surgeons for a resurvey because the initial survey did not appear to make clear the add-on nature of the service. In evaluating this recommendation, it was clear that the addition of the mesh would add considerable work to the service because the hernia would be a very large one, there would be scars from previous surgery, and because of the interspersing of omentum or tissue between the bowel and the mesh. In addition, there is increased risk of postoperative infection due to the prosthetic implant.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| U18 | •49568 | Implantation of mesh or other prosthesis for incisional hernia repair (list separately in addition to code for the incisional hernia repair) | new | ZZZ | 5.00 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: U18 CPT Code: 49X10 Global Period: ZZZ

CPT Descriptor: Implantation of mesh or other prosthesis for incisional hernia repair (list separately in addition to code for the incisional hernia repair)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

75-year-old male with a history of previous partial gastrectomy for peptic ulcer disease. He now presents with a 10 cm midline fascial defect (i.e., incisional hernia). In repairing this hernia, it becomes apparent that this will require the use of mesh for an adequate repair. The primary charge for the hernia repair is submitted. This vignette refers only to the additional RVWs for the use of mesh (i.e., add-on code to the primary incisional hernia repair. RVWs limited to intraoperative work only).

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49560 | Repair initial incisional hernia; reducible (separate procedure) | 9.72 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

This add-on service approximates 60% of the work of 49560.

**SURVEY DATA:**

Median Intra-Service Time: 52 Low: 15 High: 180

Median Pre-Service Time: 0 Median Post-Service Time: 0

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 0

Other Data: _____

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| **Renal Endoscopy** The principal comparison for this service was with a TURP. The renal endoscopy involves substantially more intraoperative work and time than the TURP, however, and takes as much as three hours to complete. | | | | | |
| GG1 | •50575 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation or ureteropyelography, exclusive or radiologic service, with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) | new | 000 | 14.33 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: GG1 CPT Code: •505XX Global Period: 000

CPT Descriptor: Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A patient presents with a UPJ obstruction and is taken to the operating room. A cystoscopy is performed and a ureteral catheter is inserted through the ureteral orifice, followed by a retrograde pyelogram. A percutaneous nephrostomy and dilatation of tract is done. The pelviureteral junction is inspected, dilated and incised. Following incision, the UPJ is re-dilated to ——. An endopyelotomy stent is inserted. On occasion, both an endopyelotomy stent and a nephrostomy tube may be left in place. The tube is then removed in 6 weeks.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 52337 | Cystoscopy, stone removal | 8.17 |
| 52601 | Prostatectomy (turp) | 11.79 |
| 50780 | Reimplant ureter in bladder | 17.54 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT

SURVEY DATA:

Median Intra-Service Time: 3 hours Low: 45 minutes High: 4 hours

Median Pre-Service Time: 1 hour Median Post-Service Time: 1 hour

Length of Hospital Stay: 3 days

Number & Level of Post-Hospital Visits: Three level 2 visits

Other Data:

CPT Descriptor: Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)

Relationship to Key Reference Service(s) and/or rationale:

None of the reference procedures are similar in technique to endopyelotomy but may serve as a comparison of the time and effort factors. Endopyelotomy requires cystoscopy, ureteroscopy, negotiation of the ureteropelvic junction with a guide wire and incision of the uretero pelvic junction and placement of a drainage tube. The intra-service time of 3 hours compares to 50780 (ureteral reimplantation), but there is a zero globe with endopyelotomy.

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Appendico-Vesicostomy<br>The RUC accepted the specialty's argument that the work involved in this service is substantially similar to that involved in bowel bladder construction (code 50820). In addition, there is substantial post-operative work involved in educating the parents to care for the child's stoma. | | | | | |
| VI | •50845 | Cutaneous appendico-vesicostomy | new | 090 | 20.00 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: V1 CPT Code: •508XX Global Period: 90

CPT Descriptor: Cutaneous appendico-vesicostomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

SEE ATTACHMENT 1

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 50780 | Reimplant ureter in bladder | 17.54 |
| 50820 | Construct bowel bladder | 20.64 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT 2

SURVEY DATA:

Median Intra-Service Time: 4 hours Low: 1.5 hours High: 6 hours

Median Pre-Service Time: 1.5 hours Median Post-Service Time: 4 hours

Length of Hospital Stay: 7 days

Number & Level of Post-Hospital Visits: five level 3 visits

Other Data:

ATTACHMENT 1

Patients include a select population of children and adults who have neurogenic dysfunction of the bladder or extensive congenital anomalies involving the bladder resulting in urinary incontinence. These individuals may also require additional operations coincident with the appendicovesicostomy to increase bladder capacity (augmentation cystoplasty). Preoperative assessment requires estimation of bladder capacity and cystography as well as evaluation of detrusor-sphincter function or dysfunction. Because the intestinal tract is used in reconstruction and many patients have ventriculoperitoneal shunts, a perioperative antibiotic and mechanical bowel preparation is indicated. A small cuff of cecum cord appendix is mobilized on the mesoappendix, and the appendiceal artery. The distal appendix is excised, and a 10 or 12 French sound is passed to assure patency. A submucosal tunnel is created in the native bladder or in the tenia in the case of an augmented bladder. The open end of the appendix is anastomosed to the bladder mucosa and a segment of the appendix and mesoappendix is closed within the muscle tunnel. The other end of the appendix is brought to the skin at a pre-selected site, and a stomas is created. This structure is then catheterized with the bladder full and empty to assure effective function. The bladder is filled to assure that no leakage occurs through this continent stoma. Postoperative care includes the assessment of continent function of the vesicostomy, and teaching the parents, or the patient to catheterize the appendiceal stoma at appropriate intervals. Depending on the patient's mental and physical skills, this may require extended teaching time.

ATTACHMENT 2

CPT Descriptor: Cutaneous appendico-vesicostomy

Relationship to Key Reference Service(s) & Rationale:

Comparison of appendico-vesicostomy with reference procedures - ureteral reimplantation (50780, relative value 17.54) and uretero ileal conduit (50820, relative value 20.64): these abdominal operations all involve extensive ureteral surgery to provide either a new route for urine transport or a repair of abnormal ureteral function. The magnitude of the surgery for appendico-vesicostomy and uretero ileal conduit are similar as to intra-operative time, post operative hospital stay and global care which includes patient and/or family training for stomal care or self-intermittent catheterization.

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Urethral Augmentation<br>The RUC compared the service to cystoscopy and treatment, bronchoscopy, and other injections, such as injection of Teflon into the vocal cords. The work of the service was considered to be equivalent to cystoscopy and treatment (52283). | | | | | |
| WI | •51715 | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck | new | 000 | 3.83 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
## SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: W1 CPT Code: •517XX Global Period: 000

CPT Descriptor: Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

64 year old male with mild to moderate cerebral vascular disease, s/p transurethral prostatectomy with total urinary incontinence. The procedure is performed in an out-patient setting under local anesthesia (lidocaine jelly intraurethrally and/or perineal xylocaine by injection). A cystoscope is passed urethrally into the bladder neck, prostatic fossa and area of the external sphincter are assessed to determine the area of injection of the bulking material. A William's cystoscopic needle is passed through the working element of the cystoscope and the material is injected (average 4 injections) until coaptation of the urethral lumen is achieved. After the procedure is completed the patient is observed to assure that voiding has occurred, otherwise a catheter is left indwelling. Pre-work includes patient assessment, prep and anesthetic instillation (15 minutes). Post work includes observation and possible catheterization (30 minutes)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 52283 | Cystoscopy and treatment | 3.83 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT

SURVEY DATA:

Median Intra-Service Time: 45 minutes Low: 15 minutes High: 90 minutes

Median Pre-Service Time: 30 minutes Median Post-Service Time: 1 hour

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: two level 1 visits

Other Data:

CPT Descriptor: Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck.

Relationship to Key Reference Service(s) and/or rationale:

Comparison of cystoscopy and injection of steroids into a urethral stricture with endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck. Both procedures utilize the same endoscopic equipment. In the endoscopic injection of implant material, more injections in different sites are employed to bulk the urethra or bladder neck which takes more time accounting for the slight difference in work values. Both procedures have a zero globe.

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Dynamic Cavernosometry<br>The RUC considered comparisons of this service to angiographic services and to complex cystometrogram. The recommendation reflects survey responses from more than 40 physicians. | | | | | |
| X1 | •54231 | Dynamic cavernosometry to include intracavernosal injection of vasoactive drugs (eg papaverine, phentolamine) | new | 000 | 3.67 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: X1 CPT Code: 542XX Global Period: 000

CPT Descriptor:

Dynamic caversonometry including intracavernosal injection of vasoactive drugs (e.g...papaverine, phentolamine)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

see attached

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 51726 | Complex cystometrogram | 1.75 |
| 52000 | Cystoscopy | 2.06 |
| 36200 | Place catheter in aorta | 3.09 |
| 36245 | Selective catheter placement, arterial system | 5.20 |
| 50390 | Drainage of kidney lesion | 3.32 |

Relationship to Key Reference Service(s):

SCVIR compared the service to commonly performed angiographic services of similar value in terms of time and work. AUA used a complex cystometrogram determining that this service should be more than double the value due to skill, effort and work involved.

This is an outpatient diagnostic test to diagnose corporovenous occlusive disease in the impotent male. The penis is prepped and local anesthesia is infiltrated into the skin of the penis where the needles are to be inserted. Vasoactive drugs are injected into the corporal body and assessment of rigidity is made (strain gauges may be used). An infusing system is set up and through a 19-gauge needle, normal saline is infused to determine the flow rate required to produce and maintain rigidity. Intracavernosal pressures are also determined through a second needle site. Average time for the procedure is 30 - 45 minutes. Pre service time is patient assessment, equipment set-up and patient preparation. Post service time includes discussion of results with the patient and observation for complications (hematoma, etc.)

SURVEY DATA

Urology

Median Intra-Service Time: 30 minutes Low: 15 minutes High: 90 minutes

Median Pre-Service Time: 15 minutes Median Post-Service Time: 15 minutes

Length of Hospital Stay: 0 days

Number & Level of Post-Hospital Visits: 0

Other Data:

Radiology: Interventional

Median Intra-Service Time: 45 minutes Low: 30 minutes High: 90 minutes

Median Pre-Service Time: 15 minutes Median Post-Service Time: 10 minutes

Length of Hospital Stay: 0 days

Number & Level of Post-Hospital Visits: 0

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

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## LAPAROSCOPIC ASSISTED SURGICAL PROCEDURES - TAB 29

The RUC is making recommendations at this time for two of the six new codes added for laparoscopic assisted surgical procedures. The RUC noted that, in the absence of the two new codes for laparoscopic hernia repair, physicians would be likely to submit claims for these services using the codes for open repair with modifier -22 in order to obtain a higher payment than they would receive for the open procedure. Survey data were not available to provide a sound basis for valuing these codes, but the RUC is recommending that the laparoscopic procedures be assigned the same values as the corresponding open procedures because the committee does not believe the work of the laparoscopic procedures should continue to be valued higher than that of the open procedures.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AG3 | •56316 | Laparoscopy, surgical; repair of initial inguinal hernia, non-recurrent | new | 090 | 6.32 |
| AG4 | •56317 | repair of recurrent inguinal hernia | new | 090 | 8.06 |
| AG5 | •56322 | transection of vagus nerves | new | 090 | No Recommendation |
| AG6 | •56323 | transection of vagus nerves, selective or highly selective | new | 090 | No Recommendation |
| AG2 | •56324 | cholecystoenterostomy | new | 090 | No Recommendation |
| AG1 | •56342 | cholecystectomy with exploration of common duct | new | 090 | No Recommendation |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AG3 CPT Code: •493X3 Global Period: 090

CPT Descriptor: Laparoscopy, surgical; repair of initial inguinal hernia

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

21-year-old male who presents with burning pain in his right groin with an obvious 2 cm bulge on standing. This disappears with minimal groin pressure or the assumption of a recumbent position.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49505 | Repair initial inguinal hernia, age 5 years or over; reducible | 6.32 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The laparoscopic procedure is similar, in terms of work, to the open procedure for this service.

SURVEY DATA:

Median Intra-Service Time: 60 Low: 45 High: 180

Median Pre-Service Time: 25 Median Post-Service Time: 30

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 2 x 99212

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AG4 CPT Code: •493X4 Global Period: 090

CPT Descriptor: Laparoscopy, surgical; repair of recurrent inguinal hernia

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65-year-old male with history of right inguinal hernia 10 years ago. Now presents with a 5 cm bulge in right groin extending into scrotum which is reducible in the recumbent position. The defect on physical examination is 3 fingerbreadths. a prosthetic device is not used in the repair.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49520 | Repair recurrent inguinal hernia, any age; reducible | 8.06 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The laparoscopic procedure is similar, in terms of work, to the open procedure for this service.

SURVEY DATA:

Median Intra-Service Time: 90 Low: 60 High: 240

Median Pre-Service Time: 25 Median Post-Service Time: 30

Length of Hospital Stay: 1

Number & Level of Post-Hospital Visits: 3 x 99212

Other Data: _____

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| Tracking Number | CPT Code Number | Descriptor | | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|---|
| Laparoscopy for varicocele correction<br>Responding to the specialty's argument that the laparoscopic procedure involved considerably more work than the comparable open procedure (code 55530), the RUC considered the gynecologists' experience with similar laparoscopic procedures and thought it was likely that the level of difficulty relative to the open procedure would decrease as physicians grew more confident with the laparoscopic procedure. The RUC also recommends that a global period of 10 days be assigned to the procedure rather than the 90 day period on which the specialty's survey was conducted. | | | | | | |
| D1 | •56320 | Laparoscopy, surgical; ligation of spermatic veins for varicocele | | new | 010 | 5.88 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: D1 CPT Code: 55XXX Global Period: 090

CPT Descriptor:

Laparoscopy, surgical; ligation of spermatic veins for varicocele

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See Attached

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 55530 | Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure) | 5.74 |
| 58980 | Laparoscopy, diagnostic (separate procedure) | 4.25 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

This procedure should have a relative value for work that is a little higher than that of a regular excision of varicocele (55530) in that it is more difficult, more time consuming and there is more risk of harm to the patient.

SURVEY DATA:

Median Intra-Service Time: 75 min. Low: 45 min. High: 120 min.

Median Pre-Service Time: 45 min. Median Post-Service Time: 30 min.

Length of Hospital Stay: 1 Day

Number & Level of Post-Hospital Visits: 2 Visits (Level 2)

Other Data:

ATTACHMENT

Typical patient is a young, adult, male, with or without infertility, who has a varicocele. Pre-service work includes review of patient's record and assessment of any change in his status occurring since the time of the office visit. Patient is then prepped and draped for an abdominal procedure under general anesthesia. The abdomen is insufflated with carbon dioxide and multiple (2-4) viewing and working ports are placed percutaneously. The peritoneum over the spermatic cord is incised using laparoscopic instrumentation, and the internal spermatic vein(s) are isolated and ligated with clips. Either by visualization or using a Doppler probe, patency of the spermatic artery is verified. All working ports are removed and fascial closure is achieved by suture. Skin sites are closed with sutures. Typical post procedure assessment in recovery room takes place to look for complications. Patient is seen the next morning for 15 minutes to check wounds and write discharge orders. A post-op visit is scheduled for 2 to 3 weeks following the procedure and another one for 8 to 10 weeks following procedure to check patient for absence of varicocele. Sperm count is performed.

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Vulvectomy | | | | | |
| | | The RUC agreed with the specialty that an "incremental" approach should be used to value this bilateral vulvectomy procedure. The recommended RVW is equal to value of the unilateral procedure code 56631 (15.55) plus the increment of work between 56630 and 56631. The procedure requires that a second incision be made on the other side of the groin and also tends to be provided to patients with more advanced disease requiring more more post-operative care. | | | |
| B1 | •56632 | Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy | new | 090 | 19.37 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Obstetrical/Gynecological

Tracking Number: B1 CPT Code: 56XXX Global Period: 090

CPT Descriptor: Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

(see attachment)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 56630 | Vulvectomy, radical partial | 11.73 |
| 56631 | Vulvectomy, radical partial; with unilateral inguinofemoral lymphadenectomy | 15.55 |
| 38760 | Inguinofemoral lymphadenectomy, superficial, including Cloquet's node | 8.39 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

56XXX should be assigned RVW at least equal to the RVW for 56631 plus the increment of work between 56630 and 56631 (3.82 RVW). Because 56XXX is a bilateral procedure, a second incision is made to perform the inguinofemoral lymphadenectomy on the other side of the groin. The bilateral procedure requires twice as much work as the unilateral procedure. (Note that the RVW for 38760 is 8.39.) In addition, the typical patient requiring 56XXX has more advanced disease than the patient requiring 56631. Thus, more post-operative care may be required.

SURVEY DATA:

Median Intra-Service Time: 4 hours Low: 2 hours High: 10 hours

Median Pre-Service Time: 2 hours Median Post-Service Time: 6 hours

Length of Hospital Stay: 8-10 days

Number & Level of Post-Hospital Visits: 4-6 visits (99213 or 99214)

Other Data: Respondents reported performing a median of 6 procedures within the past year.

Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy

The typical patient for this procedure is a women with biopsy-proven invasive cancer confined to the vulva of up to 2 cm. in greatest diameter, involving midline structures of the perineum and clitoris.

A bilateral lymphadenectomy is performed first. This procedure involves a vertical groin incision and dissection down to the femoral triangle to expose the lymph nodes in the fatty tissue. The nodes must then be dissected away from the femoral artery, nerve and femoral vein. Once the dissection is complete, the area is suture ligated and the inguinal incision is closed. This procedure is them repeated on the other side. A partial radical vulvectomy is them performed to remove the primary tumor. By definition, this will involve removal of less than 80% of the vulvar area. The excised areas may include the labial fold(s), clitoris, and/or perianal skin. The patient typically stays in the hospital 8 to 10 days. Post-hospital follow-up care usually requires at least 4 visits.

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## COLPOSCOPY - TAB 6

The RUC evaluated the frequency with which colposcopy would be performed with biopsy or endoscopic curettage or both, and concluded that the service would usually include both procedures. The building block approach of adding 50% of the work of code 57505 to the value of 57452 therefore appeared to be appropriate, particularly since the base code was 57452 (1.01 RVW) rather than the current descriptor and value for 57454 (1.30 RVW).

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 57452 | Colposcopy (vaginoscopy); (separate procedure) | | 000 | 1.01 (No Change) |
| XX1 | 57454 | ~~with biopsies, or biopsy~~ biopsy(s) of the cervix and/or endocervical curettage | revised | 000 | 1.56 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: XX1 CPT Code: 57454 Global Period: 000

CPT Descriptor: Colposcopy (vaginoscopy); ~~with biopsies, or biopsy~~ biopsy(s) of the cervix and/or endocervical curettage

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 35 year old woman has had an abnormal pap smear. A colposcopy with one or more cervical biopsies and endocervical curettage is performed.

KEY REFERENCE SERVICE(S): (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 57452 | Colposcopy (vaginoscopy); (separate procedure) | 1.01 |
| 57454 | Colposcopy (vaginoscopy); with biopsies or biopsy of the cervix | 1.30 |
| 57505 | Endocervical curettage | 1.11 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

The revision of 57454 represents an increase in work. Physician performing this procedure will, at a minimum, perform a colposcopy and an endocervical curettage and may perform a biopsy. The recommended RVW is based on the full value of 57452 (1.01 RVW) plus one-half the value of 57505 (1.11/2 = 0.55), yielding 1.56 RVW. This is slightly higher than the survey median.

SURVEY DATA:

Median Intra-Service Time: 20 min. Low: 10 min. High: 3 hrs. 20 min.

Median Pre-Service Time: 15 min. Median Post-Service Time: 10 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Respondents performed an average of 51 procedures in the past year.

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| **Artificial Insemination** | | | | | |
| | | The coding change for intra-cervical insemination was considered to be editorial only so the RUC recommends the value for the new code be the same as the value for existing code 58310. Intra-uterine insemination is considered more difficult than intra-cervical because of the greater skill required for traversing the cervical canal and risk to the patient of anaphylaxis, infection, and perforation. | | | |
| | | The work involved in sperm washing is considered equivalent to the work involved in a Level I office visit. The RUC's recommendation of 0.30 RVW for this service represents the average of work involved in Level I office visits for new and established patients. | | | |
| J1 | •58321 | Artificial insemination, intra-cervical | new | 000 | 0.94 |
| J2 | •58322 | intra-uterine | new | 000 | 1.12 |
| J3 | •58323 | Sperm washing for artificial insemination | new | 000 | 0.30 |
| J4 | 58310 | ~~Artificial insemination;~~<br>(58310 has been deleted. To report, see 5XXX1, 5XXX2) | deleted | 000 | |
| J5 | 58311 | ~~with sperm washing and capacitation~~<br>(58311 has been deleted. To report sperm washing, see 5XXX3) | deleted | 000 | |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Obstetrics and Gynecology

Tracking Number: J1 CPT Code: 5XXX1 Global Period: 000

CPT Descriptor: Artificial insemination; intra-cervical

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

(see attachment)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 59310 | Artificial insemination | 0.94 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

5XXX1 is a clarification of 58310, so the RVW should not change.

SURVEY DATA:

Median Intra-Service Time: 15 minutes Low: 3 minutes High: 45 minutes

Median Pre-Service Time: 10 minutes Median Post-Service Time: 15 minutes

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Respondents reported performing a median of 60 procedures within the past year

Artificial insemination; intracervical

The typical patient for whom this procedure performed is a woman of childbearing age with primary male factor infertility. This would not usually be a Medicare patient.

A vaginal speculum is placed and the cervix identified. The semen is placed within the cervical os and a cervical cup or sponge is placed. The speculum is withdrawn and the cup or sponge is removed several hours later.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: J2 CPT Code: 5XXX2 Global Period: 000

CPT Descriptor: Artificial insemination; intra-uterine

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

(see attachment)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 58310 | Artificial insemination | 0.94 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work-in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Intrauterine artificial insemination is more difficult than 58310 because of the greater skill required for traversing the cervical canal and risk to the patient of anaphalaxis, infection, and perforation.

SURVEY DATA:

Median Intra-Service Time: 15 minutes Low: 3 minutes High: 30 minutes

Median Pre-Service Time: 12.5 minutes Median Post-Service Time: 15 minutes

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits:

Other Data: Respondents reported a median of 175 procedures performed within the past year.

Artificial insemination; intrauterine

The typical patient for whom this procedure is performed is a woman of childbearing age with cervical factor infertility, unexplained infertility or primary male factor infertility. Donor semen may be used. This would not usually be a Medicare patient.

A vaginal speculum is placed and the cervix is identified and cleansed with a swab. The washed semen is loaded into a sterile catheter, which is inserted through the cervix into the uterine cavity. The semen is injected while the patient is carefully observed. A sponge is placed against the cervix and the speculum withdrawn.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: J3 CPT Code: 5XXX3 Global Period: 000

CPT Descriptor: Sperm washing for artificial insemination

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

(see attachment)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT DescriptorRVW | |
|---|---|---|
| 99201 | Office or other outpatient visit for the evaluation and management of a new patient | 0.40 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Survey respondents were confused about the meaning of this code and apparently estimate the work involved in performing artificial insemination with washed sperm. ACOG's recommendation equates the work involved in washing the sperm with the work required for the lowest level office visit with a new patient.

SURVEY DATA:

Median Intra-Service Time: 15 minutes Low: 3 minutes High: 30 minutes

Median Pre-Service Time: 10 minutes Median Post-Service Time: 5 minutes

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Respondents reported a median of 300 procedures performed within the past year

Sperm washing for artificial insemination

This procedure is always performed in conjunction with intrauterine artificial insemination and sometimes performed in conjunction with intracervical insemination.

The specimen is allowed to liquify. Various media are added to the semen, it is gently shaken, and centrifuged for several minutes. The process is usually repeated once. The sperm pellet is re-suspended and loaded into the insemination catheter.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
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## DELIVERY, ANTEPARTUM, AND POSTPARTUM CARE - TAB 4

The new codes allow physicians to receive partial payment for treating patients who initiate care for a global obstetrical service but who transfer their care to another physician. For example, if a patient delivers after moving to a new area, the new codes allow the physician who provided the initial prenatal care to submit a separate claim. An EM code would be used instead of an antepartum care code if the physician saw the patient fewer than four times.

The RUC accepted the specialties' rationale that the work of the new code 59425 was equivalent to an initial visit coded as a 99204 and four subsequent visits coded as a 99213. Likewise, the new code 59426 is considered equivalent in work to one 99204 service and nine visits coded as 99213.

The relative value recommendations for new codes 59409 and 59514 are only slightly less than those assigned to codes 59410 and 59515 because of the additional work involved in delivering new patients compared with those whom the physician has managed during the prenatal period. In these situations, the physician must elicit a history from a woman in active labor, perform a comprehensive maternal-fetal evaluation, and make medical decisions about care for the mother and baby in an environment of great uncertainty. The RUC adopted these values with the understanding that neither inpatient nor outpatient postpartum care was included in the CPT descriptors for these new codes.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| WW1 | •59425 | Antepartum care only; 4-6 visits | new | MMM | 4.13 |
| WW2 | •59426 | 7 or more visits | new | MMM | 7.08 |
| | | (For 1-3 antepartum care visits, see appropriate E/M code(s) | | | |
| WW3 | •59409 | Vaginal delivery only (with or without episiotomy and/or forceps); | new | MMM | 12.50 |

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| | | | | | |
|---|---|---|---|---|---|
| | 59410 | ~~Vaginal delivery only (with or without episiotomy and/or forceps)~~ including postpartum care | revised | MMM | 12.53 (No Change) |
| WW4 | •59514 | Cesarean delivery only; | new | MMM | 12.80 |
| | 59515 | ~~Cesarean delivery only~~ including postpartum care | revised | MMM | 12.97 (No Change) |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: WW1 CPT Code: •594X1 Global Period: MMM

CPT Descriptor: Antepartum care only; 4-6 visits

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 22 year old primigravida comes to your office for her first antenatal visit at 8 weeks gestation. She returns for routine antenatal visits at 12, 16, 20, and 24 weeks, then transfers her care to another physician.

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99204 | | 1.77 |
| 99213 | | 0.59 |

Relationship to Key Reference Service(s):

This code will be used by physicians providing four, five, or six antenatal visits. The committee assumed an average of five visits, an initial visit of 99204 (1.77RVW) and 4 subsequent visits of 99213 (.59 RVW x $ = 2.36), yielding 4.13 RVW. This recommendation slightly exceed the survey median because a few survey respondents assumed subsequent visits of 99212. However, the committee felt that 99213 more appropriately represents the physician work involved in antenatal care visits.

## SURVEY DATA

Median Intra-Service Time: 95 min. Low: 40 min. High: 6 hrs.

Median Pre-Service Time: 20 min. Median Post-Service Time: 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: WW2 CPT Code: •594X2 Global Period: MMM

CPT Descriptor: Antepartum care only; 7 or more visits

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 22 year old primigravida transfers her care to you at 24 weeks gestation (she was previously seen by another physician). She returns for routine antenatal visits at 28, 30, 32, 34, 36, 37, 38, 39, and 40 weeks. Another physician performs the delivery. (Note: this code does not include management of labor, delivery, or postpartum care)

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99204 | | 1.77 |
| 99213 | | 0.59 |

Relationship to Key Reference Service(s):

This code will be used by physicians providing from a minimum of 7 to a maximum of 13 antenatal visits. The recommendation is based on an assumption of 10 visits, an initial 99204 visit (1.77 RVW) and 9 subsequent 99213 visits (.59 RVW x 9 = 5.31 RVW), yielding 7.08 RVW. This recommendation exceeds the survey median because several survey respondents used 99212 for the subsequent visits. The committee felt that 99213 more accurately represented the work of a typical antenatal visit.

## SURVEY DATA

Median Intra-Service Time: 2.5 hrs. Low: 10 min. High: 11.5 hrs.

Median Pre-Service Time: 30 min. Median Post-Service Time: 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

WW3

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: WW3 CPT Code: •5941X Global Period: MMM

CPT Descriptor: Vaginal delivery only (with or without episiotomy and/or forceps);

Clinical Description of Service (including pre-, intra- and post-service work, and typicalpatient):

A 22 year old primigravida presents to the emergency room at 40 weeks gestatio in active labor. -You have not seen this patient before. Labor progresses normally and sh delivers a healthy infant. (Note: This code does not include postpartum hospital or offic visits.)

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 59410 | | 12.53 |
| 99238 | | 1.11 |

Relationship to Key Reference Service(s):

A reasonable approach to valuing 5941X would be to subtract the value of the postpartum care (56430, RVW = 2.06), yielding a value of 10.47 RVW. However, the typical patient for 5941X differs from the typical patient for 59410. HCFA requested and the the CPT Editorial Panel approved the addition of this code for use by a physician providing labor and delivery care for a pregnant patient whom he or she has not seen before and for whom no medical record is available. In such a situation, the physician must elicit a comprehensive history from a women in active labor, perform a comprehensive maternal-fetal evaluation, and make medical decisions about care for the mother and baby in an evironment of great uncertainty. This additional work is probably equal to at least the work of 99222 (RVW = 1.90) or 99223 (RVW = 2.65), which yields a RVW close to the survey median.

## SURVEY DATA

Median Intra-Service Time: 6 hrs. Low: 30 min. High: 17 hrs.

Median Pre-Service Time: 30 min. Median Post-Service Time: 30 min.

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: WW4 CPT Code: •5951X Global Period: MMM

CPT Descriptor: Cesarean delivery only;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 22 year old primigravida presents to the emergency room at 40 weeks gestation in active labor. You have not seen this patient before. While monitoring her in labor, you note acute fetal distress, necessitating an emergency Cesarean delivery which you perform. (Note: This code does not include postpartum hospital or office visits.)

Describe any Specialty Differences In the Description of the Typical Patient:

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 59515 | | 12.97 |

Relationship to Key Reference Service(s):

A reasonable approach to valuing 5951X would be to subtract the value of the postpartum care (56430, RVW = 2.06), yielding a value of 10.91 RVW. However, the typical patient for 5951X differs from the typical patient for 59515. HCFA requested and the CPT Editorial Panel approved the addition of this code for use by a phyisician providing labor and delivery care for a pregnant patient whom he or she has not seen before and for whom no medical record is available. In such a situation, the physician must elicit a comprehensive history from a woman in active labor, perform a comprehensive maternal-fetal evaluation and make medical decsions about care for the mother and baby in an environment of great uncertainty. This additional work is probably equal to at least the work of 99222 (RVW=1.90) or 99223 (RVW=2.65), which yields a RVW close to the survey median.

## SURVEY DATA

Median Intra-Service Time: 95 min. Low: 60 min. High: 12 hrs.

Median Pre-Service Time: 30 min. Median Post-Service Time: 30 min.

Length of Hospital Stay: 3 days

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|

Skull base surgery

The new skull base surgery codes encompass "marathon operations" used to remove tumors from the base of the skull. These services are summarized as approach, definitive, and reconstructive procedures, and are provided by multidisciplinary teams of physicians including otolaryngologists, neurosurgeons, and plastic surgeons. This new section in CPT attempts to organize the skull base surgery services and eliminate the building block approach to billing that created enormous bills and bewildered insurance companies. The codes would also tend to separate what the otolaryngologist would do from what the neurosurgeon would generally do. The recommendations were developed through a complex process in which multiple societies completed a survey process and met over several days to discuss the survey data and finalize the consensus recommendations presented to the RUC. The services are considered to be new procedures rather than new technology, and the procedures require additional surgical skills, training, and expertise.

The RUC's discussion focused on how work in the pre-, intra-, and post-operative periods is divided between the surgeons and between the codes. It was also noted that the procedures are rare enough that they do not lend themselves to vignettes describing "typical" services and patients. In addition, different specialties see different patients and the types of tumors may be less aggressive. For example, most tumors that plastic surgeons see are cutaneous, while neurosurgeon see patients with much more difficult approaches. There was also considerable discussion of the methodologies used to develop the

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Skull Base Surgery (cont.) | | | | | |
| | | recommendations using the data obtained from the surveys. The survey data were used as starting points, but these data were refined in the small group discussion process. The Advisors also had used other approaches outlined in the RUC's Instructions to Specialty Societies, including the "building block" approach and "valuing the increment," in attempting to identify the best value for each code as well as a rational set of values for the family of codes. In addition, since the process began in September, the recommendations were adjusted to reflect the 2.8% reduction in the 1993 RVS. | | | |
| | | In discussing the add-on codes for ligation of the carotid artery it was noted that these codes do not describe a procedure as simple as tying off a healthy artery because it is a pathological vessel affected by tumor, and it might take 3-5 attempts to get the suture around the vessel. In discussing each code, the presenters were asked to compare the pre-, intra-, and post-service work of the new codes to the key reference procedures identified on the surveys, as well as to procedures done by other surgeons, such as a Whipple (code 48150). The RUC concluded that it was clear from the extensive discussion that budget savings would result from having a separate set of codes and relative values for such complicated, multi-specialty procedures. | | | |
| A1 | •61580 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy orbital exenteration | new | 090 | 29.60 |
| A2 | •61581 | extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy | new | 090 | 33.60 |
| A3 | •61582 | extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa | new | 090 | 30.50 |
| A4 | •61583 | intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa | new | 090 | 34.80 |

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| A5 | •61584 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration | new | 090 | 33.70 |
| A6 | •61585 | with orbital exenteration | new | 090 | 37.70 |
| A7 | •61590 | Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery | new | 090 | 41.00 |
| A8 | •61591 | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery | new | 090 | 43.00 |
| A9 | •61592 | Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra or intradural elevation of temporal lobe | new | 090 | 39.00 |
| A10 | •61595 | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve with or without mobilization | new | 090 | 28.80 |
| A11 | •61596 | Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression with or without mobilization of facial nerve and/or petrous carotid artery | new | 090 | 35.00 |
| A12 | •61597 | Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery with or without mobilization | new | 090 | 37.00 |
| A13 | •61598 | Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus | new | 090 | 32.60 |
| A14 | •61600 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa, extradural | new | 090 | 25.00 |
| A15 | •61601 | intradural, including dural repair, with or without graft | new | 090 | 26.80 |

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| A16 | •61605 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa parapharyngeal space, petrous apex; extradural | new | 090 | 28.30 |
| A17 | •61606 | intradural, including dural repair, with or without graft | new | 090 | 37.90 |
| A18 | •61607 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area cavernous sinus, clivus or midline skull base; extradural | new | 090 | 35.40 |
| A19 | •61608 | intradural, including dural repair, with or without graft | new | 090 | 41.20 |
| A20 | •61609 | Transection or ligation, carotid artery in cavernous sinus; without repair | new | ZZZ | 10.00 |
| A21 | •61610 | with repair by anastomosis or graft | new | ZZZ | 35.00 |
| A22 | •61611 | Transection or ligation, carotid artery in petrous canal; without repair | new | ZZZ | 7.50 |
| A23 | •61612 | with repair by anastomosis or graft | new | ZZZ | 33.00 |
| A24 | •61613 | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid cavernous fistula by dissection within cavernous sinus | new | 090 | 40.40 |
| A25 | •61615 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies, extradural | new | 090 | 31.10 |
| A26 | •61616 | intradural, including dural repair, with or without graft | new | 090 | 42.30 |
| A27 | •61618 | Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base, by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue homologous or synthetic grafts) | new | 090 | 16.00 |
| A28 | •61619 | by local or regionalized vascularized pedicle graft or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle) | new | 090 | 20.00 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A1 CPT Code: 61XX1 Global Period: 090

Issue: Skull Base Surgery: Approach to Anterior Cranial Fossa

CPT Descriptor: Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Extensive basal cell CA involving nasal bone and extending centrally in male or female over 65 years.

Neurosurgery: Esthesioneuroblastoma with extension; paranasal sinus tumor; Juvenile angiofibroma fronto-ethmoid sinuses. Nasopharyngeal tumor, mucocoele; chordoma. Squamous cell CA of sinus.

Otolaryngology: This approach is utilized in cases of primary neoplasms of the ethmoid and/or sphenoid sinuses which have not involved the orbits. It can be utilized alone in the treatment of extradural tumors or in conjunction with an intradural approach for patients with disease that is transdural. A typical patient would be one afflicted with an esthesioneuroblastoma or primary carcinoma of the ethmoid or sphenoid sinus. The major concerns related to this surgical approach include the potential for loss of vision in one or both eyes, the loss of olfaction, the cosmetic deformity related to loss of facial bones in the midline, the risk of cerebrospinal fluid leak, and the potential for postoperative meningitis.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 15732 | Muscle-skin flap, head/neck | 12.74 | Plastic Surgery |
| 15937 | Remove sacrum pressure sore | 13.67 | Plastic Surgery |
| 42415 | Excise parotid gland/lesion | 16.98 | Plastic Surgery |
| 31225 | Maxillectomy, without orbital exenteration | 16.01 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 35.35 | Neurosurgery |
| 21433 | Repair Craniofacial fracture | 11.68 | Neurosurgery |
| 61548 | Transnasal/transseptal hypophysectomy | 21.23 | Neurosurgery |
| 61315 | Craniectomy/evac. cerebellar hematoma | 27.31 | Neurosurgery |
| 21365 | Repair maxillary fracture | 14.73 | Neurosurgery |
| 31230-52 | Maxillectomy | 15.79 | Otolaryngology |
| 31205 | Ext. Ethmoidectomy | 9.89 | Otolaryngology |
| 30118 | Lateral rhinotomy | 9.45 | Otolaryngology |
| 31051 | Sphenoidectomy | 7.02 | Otolaryngology |
| 67420 | Orbitotomy | 13.69 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

Otolaryngology recommendation of 29.00 was adopted. All of the above key reference services listed for Otolaryngology are performed when providing A1. The values for these services and the current multiple procedure policy imply an RVW of 29.60, assuming a reduced maxillectomy would be valued at about 75% of the complete procedure. The Otolaryngology and Neurosurgery survey medians were both 30.00. The Plastic Surgeons survey median was 25.00, however, their clinical description describes a procedure less intensive than the clinical description provided by Neurosurgery and Otolaryngology.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 4 Low: 3.5 High: 8

Median Pre-Service Time: 1.75 Median Post-Service Time: 2

Length of Hospital Stay: 9.5

Number & Level of Post-Hospital Visits: 4, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 3.50 Low: 2.00 High: 8.00

Median Pre-Service Time: 2.00 Median Post-Service Time: 7.00

Length of Hospital Stay: 8.00

Number & Level of Post-Hospital Visits: 3.00

Other Data:

SPECIALTY Otolaryngology

Median Intra-Service Time: 5.0 Low: 2.5 High: 8

Median Pre-Service Time: 3.3 Median Post-Service Time: 5.0

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 6

Other Data:

A2

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A2 CPT Code: 61XX2 Global Period: 090

Issue: Skull Base Surgery: Approach to Anterior Cranial Fossa

CPT Descriptor: Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Patient with benign or malignant tumor of the maxillary sinus without reconstruction.

Neurosurgery: Tumors of frontal or ethmoid sinuses, anterior skull base, with possible invasion of orbit or maxillary sinus.

Otolaryngology: This approach includes those procedures performed in A1 along with additional resection of the orbit and maxillary sinus. The approach would most often be utilized in the treatment of advanced malignant or benign tumors of the maxillary, ethmoid, or sphenoid sinuses with or without extention into the orbit. The approach would also be combined with an intradural approach in cases of transdural tumor extension. The major risks associated with this procedure include those noted in A1 along with loss of facial cheek contour following maxillectomy, trismus, or painful chewing, abnormal articulation due to palatal resection and the cosmetic and functional deformities associated with resection of the orbit.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 42415 | Excise parotid gland/lesion | 16.98 | Plastic Surgery |
| 15946 | Removal of pressure sore | 20.87 | Plastic Surgery |
| 31230 | Removal of upper jaw | 22.19 | Plastic Surgery |
| 31225 | Maxillectomy, without orbital exenteration | 16.01 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 35.35 | Neurosurgery |
| 21433 | Repair Craniofacial fracture | 11.68 | Neurosurgery |
| 61548 | Transnasal/transseptal hypophysectomy | 21.23 | Neurosurgery |
| 65112 | Exenterate orbit with bone removal | 16.27 | Neurosurgery |
| 61333 | Transcranial explor. orbit with lesion removal | 28.19 | Neurosurgery |
| 31230 | Maxillectomy | 21.57 | Otolaryngology |
| 31205 | Ext. Ethmoidectomy | 9.89 | Otolaryngology |
| 30118 | Lateral rhinotomy | 9.45 | Otolaryngology |
| 31051 | Sphenoidectomy | 7.02 | Otolaryngology |
| 65112 | Orbital exenteration | 15.82 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

A2 involves the same work as A1 except a medial maxillectomy replaces the reduced maxillectomy. An orbital exenteration replaces the orbitomy. The recommendation for A2 represents A1 (29.60) plus 25% of the work in code 65112: orbital exenteration (15.82).

## SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 5 Low: 4 High: 7

Median Pre-Service Time: 2 Median Post-Service Time: 3

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 6, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 6.0 Low: 2.00 High: 12.00

Median Pre-Service Time: 2.00 Median Post-Service Time: 7.0

Length of Hospital Stay: 9.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 6.0 Low: 3.5 High: 435

Median Pre-Service Time: 3.0 Median Post-Service Time: 5.0

Length of Hospital Stay: 9

Number & Level of Post-Hospital Visits: 9

Other Data:

A3

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A3 CPT Code: 61XX3 Global Period: 090

Issue: Skull Base Surgery: Approach to Anterior Cranial Fossa

CPT Descriptor: Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Elderly patient with extensive neoplasm of olfactory nerve; invasive neoplasm of skull base.

Neurosurgery: Paranasal sinus tumor, esthesioneuroblastoma, nasopharyngeal tumor, angiofibroma, orbital tumor invading dura

Otolaryngology: This approach is used in order to gain access to tumors invading the anterior skull base from superior growth of paranasal sinus tumors or primary tumors of this region. A typical patient needing this approach would have a tumor of the ethmoid, sphenoid, or maxillary sinus with superior erosion through the cribriform plate with involvement of the anterior cranial fossa floor, dura or frontal lobe(s). The risks associated with this approach include injury to the anterior fossa dura, sagittal sinus, osteomyelitis of the frontal bone flap, cerebrospinal fluid leak, meningitis, and loss of vision in one or both eyes. The approach is restricted for use in tumors that invade the anterior bony cranial fossa but have remained extradural.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61500 | Removal of skull lesion | 17.85 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61512 | Craniotomy for supratentorial meningioma | 25.56 | Neurosurgery |
| 61312 | Craniotomy for epi- or subdural hematoma | 21.64 | Neurosurgery |
| 61546 | Craniotomy approach for hypophysectomy | 30.91 | Neurosurgery |
| 61548 | Transnasal/transseptal hypophysectomy | 21.23 | Neurosurgery |
| 61314 | Craniectomy for post.fossa hematoma | 24.00 | Neurosurgery |
| 61315 | Craniectomy for intracebella hematoma | 27.31 | Neurosurgery |
| 21344 | Frontal Sinus Fx Rep | 18.88 | Otolaryngology |
| 61510 | Craniectomy/otomy | 23.96 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The RVW represents an average of the Plastic Surgery (29.50), Neurosurgery (30.00), and Otolaryngology (32.00) recommendations.

The recommendation is one RVW lower than the average (31.50) of the survey medians of Plastic Surgery (29.50), Neurosurgery (30.00), and Otolaryngology (35.00) due to recommendation of the consensus panel.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 4 Low: 1.5 High: 9

Median Pre-Service Time: 2.5 Median Post-Service Time: 3

Length of Hospital Stay: 14 days

Number & Level of Post-Hospital Visits: 5, 99213/14

Other Data: The procedure is primarily done by neurosurgeons

SPECIALTY: Neurosurgery

Median Intra-Service Time: 4.75 Low: 1.50 High: 8.00

Median Pre-Service Time: 2.50 Median Post-Service Time: 4.50

Length of Hospital Stay: 7.00

Number & Level of Post-Hospital Visits: 3.00

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 6.7 Low: 4 High: 12

Median Pre-Service Time: 3.0 Median Post-Service Time: 4.5

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 7

Other Data:

A4

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A4 CPT Code: 61XX4 Global Period: 090

Issue: Skull Base Surgery: Approach to Anterior Cranial Fossa

CPT Descriptor: Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Meningioma anterior skull base, CA ethmoid invading dura, esthesioneuroblastoma invading dura

Otolaryngology: The indications for use of this code match those indications described in A3 with the exception being that these patients show evidence of intradural tumor involvement of the frontal lobe(s), optic nerve(s) pituitary gland, or clivus. The risks associated with this approach that are considered in the preoperative period include those described in A3 in addition to intradural hemorrhage, brain edema, transient or permanent frontal lobe injury, and pituitary dysfunction.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61512 | Craniotomy for supratentorial meningioma | 25.56 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61548 | Transnasal/transseptal hypophysectomy | 21.23 | Neurosurgery |
| 61546 | Craniotomy for hypophysectomy | 30.91 | Neurosurgery |
| 61519 | Craniotomy for post.fossa meningioma | 35.66 | Neurosurgery |
| 21433 | Repair Craniofacial fracture | 11.68 | Neurosurgery |
| 61510 | Craniectomy, otomy | 23.96 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation for A4 reflects the average of the Neurosurgery recommendation (33.50) and the Otolaryngology recommendation (36.00).

The intradural addition to the previous codes, including retraction or resection of frontal lobe to accomplish tumor resection increases the time, pre-, intra-, and post-work, and raises the risk factor significantly, both intraoperatively and in the postoperative period. The increase in work from A3 is included to account for the additional work involved in the intradural portion of the procedure.

SURVEY DATA

SPECIALTY Neurosurgery

Median Intra-Service Time: 5.0 Low: 3.0 High: 10.0

Median Pre-Service Time: 3.0 Median Post-Service Time: 4.0

Length of Hospital Stay: 8.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Oolaryngology

Median Intra-Service Time: 8.0 Low: 4 High: 14

Median Pre-Service Time: 3.0 Median Post-Service Time: 5.5

Length of Hospital Stay: 14

Number & Level of Post-Hospital Visits: 10

Other Data:

A5

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A5 CPT Code: 61XX5 Global Period: 090
Issue: Skull Base Surgery: Approach to Anterior Cranial Fossa

CPT Descriptor: Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Patient with extensive neoplasm of olfactory nerve, more extensive neoplasm of anterior skull base, but more laterally located.

Neurosurgery: Meningioma orbit, cavernous sinus or clivus; chordoma; chondrosarcoma, myxoma

Otolaryngology: The anteriolateral approach to the anterior skull base is typically used in cases of primary orbital tumors, extradural tumors of the petrous apex and parasellar regions (neuromas, meningiomas) and paranasal sinus tumors which are unilateral and involving the floor of the middle cranial fossa (angiofibroma). The risks associated with this approach include those discussed in A4 in addition to loss of extraocular eye movements due to paralysis or paresis of cranial nerves 3, 4, and 6, trismus related to manipulation of the zygomatic arch and mandibular condylar head, facial numbness, and total ophthalmoplegia related to superior orbital fissure syndrome.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 15732 | Muscle-skin flap, head/neck | 12.74 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61518 | Removal of brain lesion | 34.01 | Plastic Surgery |
| 61510 | Craniotomy for supratentorial tumor | 24.65 | Neurosurgery |
| 61700 | Craniotomy for aneurysm, carotid circ. | 36.70 | Neurosurgery |
| 61512 | Craniotomy for meningioma, supratentorial | 25.56 | Neurosurgery |
| 61548 | Transnasal/transseptal hypophysectomy | 21.23 | Neurosurgery |
| 61546 | Craniotomy for hypophysectomy | 30.91 | Neurosurgery |
| 61333 | Explore orbit transcranial with lesion resection | 27.49 | Neurosurgery |
| 67445 | Orbitotomy, lat. approach with lesion resection and bone removal | 14.08 | Neurosurgery |
| 61510 | Craniectomy, otomy | 23.96 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation for this procedure is the average of the Plastic Surgery recommendation (35.00), the Neurosurgery recommendation (32.00), and the Otolaryngology recommendation (34.00).

A hybrid approach including elements of the previous ant. fossa procedures but limited to the orbit and floor of the anterior cranial base, extending as far as the clivus. Appears to be slightly more work than the procedure A3, craniofacial approach, extradural, with possible manipulation of frontal lobe. The recommendation is based on the positioning of this procedure on the scale between the trans-sinus approaches and the reference procedures that do not require the extent of bone/lesion resection as the floor of the anterior fossa

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 5 Low: 1.5 High: 9

Median Pre-Service Time: 1.75 Median Post-Service Time: 3

Length of Hospital Stay: 11 days

Number & Level of Post-Hospital Visits: 5, 99213/99214

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 4.0 Low: 1.5 High: 8.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 4.5

Length of Hospital Stay: 7.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 8.0 Low: 4 High: 10

Median Pre-Service Time: 3.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 7

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A6 CPT Code: 61XX6 Global Period: 090

Issue: Skull Base Surgery: Approach to Anterior Cranial Fossa

CPT Descriptor: Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Cranial base mass with orbital involvement in elderly patient.

Neurosurgery: Orbital invasion of sinus tumor, meningioma, chordoma, pituitary tumor; hemangiopericytoma, rhabdomyosarcoma.

Otolaryngology: This approach has similar indications as those described in A5 with the exception being the lesion being treated shows evidence of orbital extension and involvement requiring orbital exenteration. These patients most often display carcinomas of the ethmoid sinus or orbit and may include those patients with extensive meningiomas that have resulted in loss of eye function.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61500 | Removal of skull lesion | 17.85 | Plastic Surgery |
| 15946 | Removal of pressure sore | 20.87 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61250 | Removal of brain lesion | 40.41 | Plastic Surgery |
| 61510 | Craniotomy for supratentorial tumor | 24.65 | Neurosurgery |
| 61700 | Craniotomy for aneurysm, carotid circ. | 36.70 | Neurosurgery |
| 61512 | Craniotomy for meningioma, supratentorial | 25.56 | Neurosurgery |
| 61548 | Transnasal/transseptal hypophysectomy | 21.23 | Neurosurgery |
| 61546 | Craniotomy for hypophysectomy | 30.91 | Neurosurgery |
| 61333 | Explore orbit transcranial with lesion resection | 28.19 | Neurosurgery |
| 67445 | Orbitotomy, lat. approach with lesion resection and bone removal | 14.08 | Neurosurgery |
| 61343 | Suboccipital craniectomy/decompression Chiari malformation | 29.37 | Neurosurgery |
| 21395 | Repair orbital blow-out fracture, incl. graft | 12.49 | Neurosurgery |
| 65112 | Exenteration of orbit, removal of lesion and bone | 16.27 | Neurosurgery |
| 61510 | Craniectomy, otomy | 23.96 | Otolaryngology |
| 65112 | Orbital Exenteration | 15.82 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The work involved in A6 is equal to A5 (33.7) plus 25% of code 65112 (15.82). The approach extends a step beyond A5 with more extensive bone resection and/or orbital exenteration. The additional work involved in resection of the cranial base plus the supraorbital ridge to permit removal of an invasive tumor in the orbit and sinus(es) requires additional work and time.

## SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 6 Low: 3 High: 10

Median Pre-Service Time: 2 Median Post-Service Time: 3.5

Length of Hospital Stay: 10 days

Number & Level of Post-Hospital Visits: 4, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 5.50 Low: 2.0 High: 10.0

Median Pre-Service Time: 2.75 Median Post-Service Time: 5.5

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 7 Low: 4 High: 12

Median Pre-Service Time: 3 Median Post-Service Time: 6

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 9

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A7 CPT Code: 61XX7 Global Period: 090

Issue: Skull Base Surgery: Approach to Middle Cranial Fossa

CPT Descriptor: Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Cavernous sinus tumors; clivus chordoma, CA nasopharynx; meningioma; squamous CA sinus

Otolaryngology: This approach is typically used in the treatment of glomus tumors, lower cranial nerve neuromas, or deep lobe parotid tumors. It is also utilized in the treatment of primary cancers of the nasopharynx and neoplasms of the clivus (chordoma, meningioma). The potential risks discussed with these patients undergoing this approach include facial numbness, facial paralysis, trismus, malocclusion, cerebrospinal fluid leak, meningitis, wound infection related to entrance of the aerodigestive tract, and stroke or hemorrhage related to decompression and/or mobilization of the petrous segment of the internal carotid artery.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61512 | Craniotomy for supratentorial meningioma | 25.56 | Neurosurgery |
| 61521 | Craniotomy for tumor at midline base of skull | 41.61 | Neurosurgery |
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61510 | Craniotomy for supratentorial glioma | 24.65 | Neurosurgery |
| 61518 | Craniectomy for post fossa tumor | 34.01 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 35301 | Carotid endarterectomy | 17.07 | Neurosurgery |
| 61519 | Craniectomy for post.fossa meningioma | 35.66 | Neurosurgery |
| 42415 | Parotidectomy | 16.51 | Neurosurgery |
| 61521 | Craniectomy | 40.45 | Otolaryngology |
| 42415 | Parotidectomy | 16.51 | Otolaryngology |
| 31225 | Maxillectomy | 15.26 | Otolaryngology |
| 38724 | Modified Neck Dis. | 13.55 | Otolaryngology |
| 15845 | Temporalis | 12.09 | Otolaryngology |
| 21010 | TMJ Arthrotomy | 9.28 | Otolaryngology |
| 31040 | Pterygomaxi. fossa | 9.05 | Otolaryngology |
| 31051 | Sphenoidectomy | 7.02 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation for this code was calculated by using the incremental work value approach. The work in this procedure is equal to A8 less 2.00 RVW. The median intra-service time for A7 (6 hours) is one hour less than A8 (7 hours) and this procedure does not involve the vital structures of the posterior fossa.

SURVEY DATA

SPECIALTY SOCIETY: Neurosurgery

Median Intra-Service Time: 6.0 Low: 2.0 High: 17.0

Median Pre-Service Time: 3.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data: This compares in work and complexity to anterior circle aneurysm in its execution and due to the longer time involved in this procedure, should be rated at a higher RVW.

SPECIALTY: Otolaryngology

Median Intra-Service Time: 8 Low: 5 High: 18

Median Pre-Service Time: 4 Median Post-Service Time: 7

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 7

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A8 CPT Code: 61XX8 Global Period: 090

Issue: Skull Base Surgery: Approach to Middle Cranial Fossa

CPT Descriptor: Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Tumors of the petrous bone apex, clivus, jugular bulb, acoustic meatus

Otolaryngology: The indications for utilizing this approach are similar to those in A7 in addition to glomus tumors and neuromas of the lower cranial nerves with posterior involvement of the jugular foramen and tumors that have eroded through the ear drum to involve the ear canal. The risks associated with this approach include those described in A7 in addition to partial or complete loss of hearing, inability to swallow, change in voice, aspiration pneumonia, and partial or complete ophthalmoplegia related to parasellar and cavernous sinus dissection.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61521 | Craniectomy for midline tumor at base | 41.61 | Neurosurgery |
| 61526 | Craniotomy for transtemporal CPA tumor | 30.91 | Neurosurgery |
| 61519 | Craniectomy for post fossa meningioma | 25.56 | Neurosurgery |
| 69642 | Tympanoplasty with mastoidectomy | 17.25 | Neurosurgery |
| 42415 | Parotidectomy | 16.51 | Neurosurgery |
| 61520 | Craniectomy | 39.29 | Otolaryngology |
| 69955 | Facial Nerve Decomp. | 22.66 | Otolaryngology |
| 42415 | Parotidectomy | 16.51 | Otolaryngology |
| 69645 | Mastoidectomy | 16.19 | Otolaryngology |
| 38724 | Modified Neck Dis. | 13.55 | Otolaryngology |
| 21010 | TMJ Arthrotomy | 9.28 | Otolaryngology |
| +21499 | Zygomatic Arch | BR | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The Neurosurgery recommendation of 43.00 was accepted. The procedure is closely allied to 61520, Craniectomy for cerebellopontine angle (CPA) tumor, but with the prospect of substantial additional dissection of the neurovascular structures deep in the posterior fossa. This procedure is comparable to but more complex, and at 7 hours intraoperative time is clearly longer than most CPA tumor resections. It may exceed the work of 61521 rated at 40.45 and therefore should be valued at not less than 43.0.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 7.0 Low: 2.0 High: 12.5

Median Pre-Service Time: 2.75 Median Post-Service Time: 3.0

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data: This procedure is comparable to but more complex and at 7 hours intraoperative time clearly longer than most CPA tumor resections. It may exceed the work of 61521 rated at 41.61 and therefore should be valued at not less than 43.0.

SPECIALTY: Otolaryngology

Median Intra-Service Time: 9 Low: 4 High: 18

Median Pre-Service Time: 4 Median Post-Service Time: 6

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 6

Other Data:

A9

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A9 CPT Code: 61XX9 Global Period: 090

Issue: Skull Base Surgery: Approach to Middle Cranial Fossa

CPT Descriptor: Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra or intradural elevation of temporal lobe

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Cavernous sinus tumors (meningioma, angiofibroma, giant pituitary tumor), aneurysm of cav. carotid

Otolaryngology: This approach is a combination of that described under A6 and A7 and represents a technique utilized in the treatment of patients with tumors involving the cavernous sinus (meningioma, neuroma,) petrous apex, pituitary fossa, or superior and middle clivus (chordoma, chondrosarcoma, meningioma). The perioperative risks, therefore, include those described under A6 and A7.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61521 | Craniectomy for midline tumor of base | 41.61 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61702 | Craniotomy for basilar aneurysm | 40.16 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 21255 | Reconstruction zygoma and glenoid fossa | 16.47 | Neurosurgery |
| 61510 | Craniectomy/otomy | 23.96 | Otolaryngology |
| 21010 | TMJ Arthrotomy | 9.28 | Otolaryngology |
| 21499 | Zygomatic Arch | BR | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation for this code was calculated by using the incremental work value approach. The work in this procedure is equal to A7 less 2.00 RVW. The median intra-service time for A9 (5 hours) is one hour less than A7 (6 hours) and in some instances the length of stay was also shorter.

SURVEY DATA

SPECIALTY Neurosurgery

Median Intra-Service Time: 5.0 Low: 1.5 High: 12.0

Median Pre-Service Time: 2.5 Median Post-Service Time: 5.0

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 7.3 Low: 3 High: 16

Median Pre-Service Time: 3.5 Median Post-Service Time: 6.3

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 7

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A10 CPT Code: 61X10 Global Period: 090

Issue: Skull Base Surgery: Approach to Posterior Cranial Fossa

CPT Descriptor: Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve with or without mobilization

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Patient with acoustic neuroma requiring translabyrinthine approach; or patient with aural glomus tumor requiring transtemporal approach.

Neurosurgery: Meningioma, glomus tumor, AVM, acoustic tumor; clivus chordoma

Otolaryngology: This technique would most commonly be utilized in the removal of primary tumors of the jugular foramen including neuromas, paragangliomas, and meningiomas. The approach can be utilized alone as described or may be combined with a labyrinthectomy as described in a translabyrinthine approach to the cerebellopontine angle for tumors with superior extention and involvement of the nerves within the internal auditory canal or posterior craniofossa (cerebellopontine angle). The major risks associated with this procedure are those described in CPT Codes A7 and A8 in addition to the potential risk of hearing loss, dizziness, and tinnitus.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 69955 | Incise inner ear nerve | 22.29 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 69535 | Removal part of temporal bone | 36.35 | Plastic Surgery |
| 61520 | Removal of brain lesion | 40.41 | Plastic Surgery |
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61702 | Craniotomy for basilar aneurysm | 40.16 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 69960 | IAC Decompression | 20.81 | Otolaryngology |
| 69643 | Mastoidectomy | 15.17 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

Otolaryngology recommendation and rationale was accepted as they are the most familiar with the procedure. The recommendation was based on the assumption that this procedure requires 2/3 the work of A8. The combined work of the Otolaryngology reference services (69960 and 50% of 69643) was also 28.40. Neurosurgery rated this procedure at 36.0, however, the consensus group heard arguments from experts who suggested that the intraoperative work involved in the temporal bone dissection was less than that implied by the Neurosurgery survey data.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 8 Low: 2 High: 14

Median Pre-Service Time: 2 Median Post-Service Time: 3

Length of Hospital Stay: 8

Number & Level of Post-Hospital Visits: 5, 99213/14

Other Data: Physician with extensive experience rated at 29.83

SPECIALTY: Neurosurgery

Median Intra-Service Time: 5.0 Low: 2.0 High: 8.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY Otolaryngology

Median Intra-Service Time: 6 Low: 1.5 High: 14

Median Pre-Service Time: 2 Median Post-Service Time: 5

Length of Hospital Stay: 8

Number & Level of Post-Hospital Visits: 6

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

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Tracking Number: A11 CPT Code: 61X11 Global Period: 090

Issue: Skull Base Surgery: Approach to Posterior Cranial Fossa

CPT Descriptor: Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression with or without mobilization of facial nerve and/or petrous carotid artery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthdecompression with or without mobilization of facial nerve and/or pertrous carotid artery.

Otolaryngology: This approach is utilized for very large tumors of the cerebellopontine angle, jugular foramen, or clivus in which the patient's hearing has been destroyed. The procedure would include extensive acoustic neuromas, paragangliomas, meningiomas, lower cranial nerve neuromas, and clival tumors. The risks associated with this approach, therefore, are a combination of those described in A7 through A10.

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KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61702 | Craniotomy for basilar aneurysm | 40.16 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 69910 | Transmastoid Labyrinthectomy | 13.42 | Otolaryngology |
| 69725 | Facial nerve decompression | 19.44 | Otolaryngology |

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RATIONALE FOR CONSENSUS RECOMMENDATION:

The work for this service is 20-25% higher than for A10 (28.80) because of the carotid and labyrinthine dissection.

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SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 6 Low: 4.5 High: 8

Median Pre-Service Time: 1.75 hours Median Post-Service Time: 3

Length of Hospital Stay: 10 days

Number & Level of Post-Hospital Visits: 5, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 6.0 Low: 2.0 High: 9.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 4.5

Length of Hospital Stay: 7.5

Number & Level of Post-Hospital Visits: 2.0

Other Data: Note that the time for this procedure is greater than for A10 by a full hour.

SPECIALTY: Otolaryngology

Median Intra-Service Time: 7 Low: 2 High: 15

Median Pre-Service Time: 4 Median Post-Service Time: 5.7

Length of Hospital Stay: 12

Number & Level of Post-Hospital Visits: 5

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A12 CPT Code: 61X12 Global Period: 090
Issue: Skull Base Surgery: Approach to Posterior Cranial Fossa

CPT Descriptor: Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-3 vertebral body(s), decompression of vertebral artery with or without mobilization

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Meningioma, chordoma clivus, foramen magnum, upper cervical spine; low basilar aneurysm, Giant vetebral aneurysm.

Otolaryngology: This technique is most commonly used for tumors effecting the foramen magnum, inferior one third of the clivus, jugular foramen, or the first through the third cervical vertebrae. Such lesions would include meningiomas, chordomas, or cranial nerve neuromas, aneurysms of the vertebral basilar region, and arteriovenous malformations. The risks associated with this procedure include those described in A7 and A8 in addition to spinal cord injury, vertebral or basilar artery injury with accompanying stroke and possible brainstem infarction prolonged neck stiffness, and suboccipital headaches.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61343 | Craniectomy suboccipital + cerv. lam/Chiari | 29.37 | Neurosurgery |
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61702 | Craniotomy for basilar aneurysm | 40.16 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 38724 | Mod. Neck Dissection | 13.55 | Otolaryngology |
| 69643 | Mastoidectomy | 15.17 | Otolaryngology |
| 63015 | Laminectomy, cer. | 16.99 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

As neurosurgeons perform this procedure more frequently, the RVW recommendation for this code was computed using a weighted average of the Neurosurgery recommendation (39.50) and the Otolaryngology (32.00) recommendation as follows:

$[(39.50 \times 2) + 32.00]/3 = 37.00$

The procedure was placed in reference to 61520 for time and complexity, with a higher risk factor due to the proximity of the spinal cord, vertebral arteries, and lower cranial nerves as well as the medulla.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 6.0 Low: 2.0 High: 11.0

Median Pre-Service Time: 2.75 Median Post-Service Time: 4.75

Length of Hospital Stay: 9.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 8.5 Low: 4 High: 24

Median Pre-Service Time: 4 Median Post-Service Time: 7.2

Length of Hospital Stay: 13

Number & Level of Post-Hospital Visits: 6

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A13 CPT Code: 61X13 Global Period: 090

Issue: Skull Base Surgery: Approach to Posterior Cranial Fossa

CPT Descriptor: Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Meningioma clivus, petroclival region,; meningioma; trigeminal neurinoma; chordoma

Otolaryngology: This technique is utilized in patients demonstrating tumors of the cerebellopontine angle, petrous bone, or clivus in whom hearing is preserved. The procedure includes petro-clival meningiomas, chordomas, and some acoustic neuromas. The risks associated with this technique are those described in A10 in addition to the possibility of venous infarction, lateral medullary infarction syndrome, cerebellar edema with ataxia, and injury to the fourth and sixth cranial nerves.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61702 | Craniotomy for basilar aneurysm | 40.16 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 61518 | Craniectomy, infratentorial and posterior fossa | 33.06 | Otolaryngology |
| 69643 | Mastoidectomy | 15.17 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

As Otolaryngologists perform this procedure more frequently, the RVW recommendation for this code was computed using a weighted average of the Neurosurgery recommendation (37.85) and the Otolaryngology (30.00) recommendation as follows:

$[(30.00 \times 2) + 37.85]/3 = 32.60$

The procedure requires somewhat less work than A12 in the pre-, intra-, and post-service phases.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 6.50 Low: 2.0 High: 11.0

Median Pre-Service Time: 2.25 Median Post-Service Time: 4.75

Length of Hospital Stay: 8.25

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 6 Low: 3 High: 16

Median Pre-Service Time: 3 Median Post-Service Time: 4

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 6

Other Data:

A14

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A14 CPT Code: 61X14 Global Period: 090

Issue: Skull Base Surgery: Definitive Procedures of Base of Anterior Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic or infectious lesion of base of anterior cranial fossa; extradural

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Excision of benign nosoethnoid tumor involving embiformplate.

Neurosurgery: Estesioneuroblastoma; mucocoele with cranial nerve involvement, CA sinus

Otolaryngology: This code would most commonly be used to describe the resection of the extracranial component of the transcranial tumor involving the paranasal sinuses, nasal cavity, and/or orbit (squamous cell carcinoma, adenocarcinoma, esthesioneuroblastoma, juvenile angiofibroma). The risks associated with this code are those described in codes A1 and A2.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61501 | Remove infected skull bone | 18.94 | Plastic Surgery |
| 15946 | Removal of pressure sore | 20.87 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61548 | Transnasal/transphenoidal hypophysectomy | 21.23 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 21034 | Excision malignant tumor of facial bone | 15.48 | Otolaryngology |
| 21030 | Excision benign tumor of facial bone | 7.22 | Otolaryngology |
| 21015 | Radical resection face/scalp | 5.06 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

Otolaryngology recommendation accepted. The risks associated with this code are those described for codes A1 and A2. The work involved in A14 is also comparable to the key reference 61512 with an RVW of 24.85.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 6 Low: 3 High: 10

Median Pre-Service Time: 2 Median Post-Service Time: 3

Length of Hospital Stay: 9

Number & Level of Post-Hospital Visits: 5

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 3.0 Low: 1.5 High: 8.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 7.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 5.5 Low: 2 High: 10

Median Pre-Service Time: 4 Median Post-Service Time: 5

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 7

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A15 CPT Code: 61X15 Global Period: 090

Issue: Skull Base Surgery: Definitive Procedures of Base of Anterior Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

Neurosurgery: Invasive meningioma, nasopharyngeal tumor

Otolaryngology: This code describes the removal of the intradural component of a transdural tumor of the anterior craniofossa, paranasal sinuses, nasal cavity, and/or orbit. The indications for use of this technique are the same as those described in A14 in addition to the removal of transdural anterior fossa meningiomas and the risks associated with the resection of tumors in this area are the same as those described under codes under A4 and A5.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61548 | Transnasal/transphenoidal hypophysectomy | 21.23 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61545 | Craniotomy for craniopharyngioma | 36.35 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 61500 | Excision of skull tumor | 17.35 | Otolaryngology |
| 61712 | Microdissection | 3.58 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation represents an average of the Plastic Surgery (24.50), Neurosurgery (29.00), and Otolaryngology (27.00) recommendations.

The work required for this procedure includes that described in A14 with the additional work, time, and intensity required for the intradural removal of tumor and dural repair.

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 7.5 Low: 5 High: 8

Median Pre-Service Time: 2.5 Median Post-Service Time: 6

Length of Hospital Stay: 11 days

Number & Level of Post-Hospital Visits: 4, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 3.5 Low: 2.0 High: 10.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 4.5

Length of Hospital Stay: 7.75

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 6 Low: 3.33 High: 12

Median Pre-Service Time: 3.5 Median Post-Service Time: 6

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 9

Other Data:

A16

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A16 CPT Code: 61X16 Global Period: 090
Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Patient with neoplasm of lateral skull base.

Neurosurgery: Chardoma petrous apex, chondrosaarcoma, glomus tumor, sarcoma, trigeminal neurinoma

Otolaryngology: This code helps describe the actual removal of tumors affecting the infratemporal fossa and parapharyngeal space most commonly including glomus tumors, deep lobe parotid gland malignancies, neuromas of the lower cranial nerves, and posterior superior extensions of malignancies of the oral cavity and oropharynx. The risks associated with this procedure include those described in codes A7 through A9 in addition to the risk of postoperative wound infection and oral cutaneous fistula resulting from entrance and partial resection of the aerodigestive tract.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61510 | Remove infected skull bone | 24.65 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61521 | Craniotomy for midline basal tumor | 41.61 | Neurosurgery |
| 61519 | Craniectomy for posterior fossa meningioma | 35.66 | Neurosurgery |
| 61548 | Transnasal/transphenoidal hypophysectomy | 21.23 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 69554 | Exc. glomus tumor | 26.41 | Otolaryngology |
| 61712 | microdissection | 3.58 | Otolaryngology |
| 42415 | Parotidectomy | 16.51 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

Recommendation is equal to the Otolaryngology and Plastic Surgery survey medians and recommendations. Neurosurgery recommended RVW (31.00) higher; however, neurosurgeons perform this service less frequently than the otolaryngologists.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 7.5 Low: 5 High: 9

Median Pre-Service Time: 2.5 Median Post-Service Time: 4

Length of Hospital Stay: 11 days

Number & Level of Post-Hospital Visits: 4, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 3.0 Low: 2.0 High: 10.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 4.5

Length of Hospital Stay: 8.25

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 5 Low: 1.5 High: 14

Median Pre-Service Time: 4 Median Post-Service Time: 4.5

Length of Hospital Stay: 9

Number & Level of Post-Hospital Visits: 6

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A17 CPT Code: 61X17 Global Period: 090

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

Neurosurgery: Petrous apex meningioma, schwannoma, chordoma

Otolaryngology: This code will be used to describe the resection of the intradural components of those pathologic entities described under A16 in addition to meningiomas, neuromas, aneurysms, and arteriovenous malformations in the region of the cavernous sinus and parasellar areas. The risks associated with this procedure include those described in CPT codes A7 through A9.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61521 | Craniotomy for midline basal tumor | 41.61 | Neurosurgery |
| 61519 | Craniectomy for posterior fossa meningioma | 35.66 | Neurosurgery |
| 61548 | Transnasal/transphenoidal hypophysectomy | 21.23 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 61500 | Excision of skull tumor | 17.35 | Otolaryngology |
| 61712 | Microdissection | 3.58 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

Recommendation is equal to the Otolaryngology and Neurosurgery survey medians of 39.00 each and was adjusted by -2.8%.

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 4.0 Low: 2.5 High: 11.0

Median Pre-Service Time: 2.13 Median Post-Service Time: 4.5

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 7.5 Low: 3 High: 16

Median Pre-Service Time: 3.5 Median Post-Service Time: 6.3

Length of Hospital Stay: 12

Number & Level of Post-Hospital Visits: 7

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A18 CPT Code: 61X18 Global Period: 090

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Juvenile angiofibroma, clivus chordoma, meningioma, scchwannoma

Otolaryngology: This code will be utilized to describe the actual resection of tumors involving the nasopharynx, clivus, cavernous sinus, and pituitary fossa. This would most often include nasopharyngeal cancers, chordomas, meningiomas, and laterally based pituitary tumors. The risks associated with this procedure are similar to those described in CPT code A9 in addition to the risk of postoperative wound infection related to pharyngocutaneous fistula resulting from entrance into the aerodigestive tract at the level of the nasopharynx, sphenoid sinus, or tonsillar area.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61521 | Craniotomy for midline basal tumor | 41.61 | Neurosurgery |
| 61519 | Craniectomy for post fossa meningioma | 35.66 | Neurosurgery |
| 61548 | Transnasal/transphenoidal hypophysectomy | 21.23 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 61576 | Transoral approach to skull base/upper cord | 35.64 | Neurosurgery |
| 61575 | Transoral approach to skull base lesion | 33.12 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation for A18 is based on the assumption that it is 25% more pre-, intra-, and post-operative work than A16 (28.3).

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 4.5 Low: 3.0 High: 13.0

Median Pre-Service Time: 4.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 7 Low: 3 High: 16

Median Pre-Service Time: 4.5 Median Post-Service Time: 8

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 6

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A19 CPT Code: 61X19 Global Period: 090

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

Neurosurgery: Meningioma clivus, cavernous sinus, petroclival apex; angiobibroma

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61521 | Craniotomy for midline basal tumor | 41.61 | Neurosurgery |
| 61519 | Craniectomy for posterior fossa meningioma | 35.66 | Neurosurgery |
| 61548 | Transnasal/transphenoidal hypophysectomy | 21.23 | Neurosurgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 61510 | Craniotomy for glioma | 24.65 | Neurosurgery |
| 61512 | Craniotomy for meningioma | 25.65 | Neurosurgery |
| 61576 | Transoral approach to skull base/upper cord | 35.64 | Neurosurgery |
| 61545 | Excision of craniopharyngioma | 35.34 | Otolaryngology |
| 61546 | Craniotomy for hypophysectomy | 30.05 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation is equal to the Neurosurgery survey median and was accepted without correction by the consensus panel. A19 is considered to be more work than A18 as there is significantly more intraoperative work and time required for the intradural tumor removal as well as increased time for pre and post operative management.

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 5.0 Low: 3.0 High: 13.0

Median Pre-Service Time: 3.0 Median Post-Service Time: 5.5

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 8.5 Low: 4 High: 18

Median Pre-Service Time: 4 Median Post-Service Time: 8

Length of Hospital Stay: 12

Number & Level of Post-Hospital Visits: 7

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A20 CPT Code: 61X20 Global Period: ZZZ

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Transection or ligation, carotid artery in cavernous sinus; without repair

(Report procedures A20-A23 as "add-on" to primary definitive procedures A16, A17, A18, or A19)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Plastic Surgery: Patient with corcinoma involoving carotid artery.

Neurosurgery: Cavernous sinus neoplasms with compromise of the carotid vessel.

Otolaryngology: This code would most often be utilized in describing the resection of the cavernous portion of the carotid artery in order to obtain an oncologically sound margin around malignant tumors extending into the cavernous sinus or extensive benign tumors which have caused irreparable damage to that portion of the carotid artery. This would most often include cancers of the ethmoid sinus, sphenoid sinus, orbital apex, and petrous apical portion of the temporal bone. The major risks associated with this procedure include postoperative hemorrhage, stroke, death, ophthalmoplegia, and blindness.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 37605 | Ligation of neck artery | 4.88 | Plastic Surgery |
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 35301 | Carotid endarterectomy | 17.07 | Neurosurgery |
| 61705 | Cervical carotid occlusion | 35.33 | Neurosurgery |
| 37605 | Ligation of ICA | 4.74 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The procedure is considered to be more work than A22 (7.50) and key reference service 37605 (4.74).

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 2.0 Low: 0.5 High: 6.0

Median Pre-Service Time: 4.0 Median Post-Service Time: 8.0

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 2.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 4.5 Low: 0.66 High: 14

Median Pre-Service Time: 2 Median Post-Service Time: 8

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 8

Other Data:

A21

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A21 CPT Code: 61X21 Global Period: ZZZ

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft

(Report procedures A20-A23 as "add-on" to primary definitive procedures A16, A17, A18, or A19)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Cavernous sinus meningioma; Carotid cavernous fistula, bypass graft

Otolaryngology: The indications for use of this code are the same as those described in A20, however, these patients have demonstrated inadequate collateral cerebral circulation such that carotid artery repair is mandatory in order to decrease the risk of postoperative stroke and/or death. The other risks associated with this approach are the same as those described in A20.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 35301 | Carotid endarterectomy | 17.07 | Neurosurgery |
| 61705 | Cervical carotid occlusion | 35.33 | Neurosurgery |
| 61711 | Fusion of skull arteries | 35.47 | Neurosurgery |
| 35231 | Repair of blood vessel with vein graft, neck | 11.02 | Otolaryngology |
| 61711 | Fusion of skull arteries | 35.47 | Neurosurgery |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommendation is equal to the Neurosurgery Survey Median. A21 is considered to be approximately the same work as 61705 (35.33) and 67111 (35.47). The procedure is add-on without the 90 day global period included in the key reference codes but by-pass grafting intracranially is significantly more complex and requires greater intra-operative work, time, and skill than extra-cranial - intra-cranial by-pass graft procedures.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 3.0 Low: 2.0 High: 7.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 4.5

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 7 Low: 3.5 High: 60

Median Pre-Service Time: 3 Median Post-Service Time: 8

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 14

Other Data:

A22

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A22 CPT Code: 61X22 Global Period: ZZZ

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Transection or ligation, carotid artery in petrous canal; without repair

(Report procedures A20-A23 as "add-on" to primary definitive procedures A16, A17, A18, or A19)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Prelude to en bloc resection tumor of temporal bone or cavernous sinus; aneurysm

Otolaryngology: This code would most often be utilized to describe the resection of the petrous portion of the internal carotid artery in order to completely resect malignant tumors involving the temporal bone, nasopharynx, deep lobe parotid gland, or parapharyngeal space. It may also be utilized in patients with extensive benign tumors (glomus tumors, meningiomas) in which irreparable damage to the carotid artery is demonstrated. The risks associated with this procedure are the same as those described in code A20.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 35301 | Carotid endarterectomy | 17.07 | Neurosurgery |
| 61705 | Cervical carotid occlusion | 35.33 | Neurosurgery |
| 37605 | Ligation of cervical carotid artery | 4.74 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

Otolaryngology recommendation accepted. The work value of this code was established relative to intraoperative portion of A8. Procedure is more complicated and requires more intraoperative work than key reference 37605 (4.74) which is a relatively superficial procedure. In addition, the petrous portion of the carotid artery is placed deep within the skull and is surrounded by more critical neural structures than are encountered in cervical carotid ligation.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 2.0 Low: 1.0 High: 6.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 2 Low: 0.25 High: 14

Median Pre-Service Time: 3 Median Post-Service Time: 6

Length of Hospital Stay: 9

Number & Level of Post-Hospital Visits: 9

Other Data:

A23

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A23 CPT Code: 61X23 Global Period: ZZZ

Issue: Skull Base Surgery: Definitive Procedures of Base of Middle Cranial Fossa

CPT Descriptor: Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft

(Report procedures A20-A23 as "add-on" to primary definitive procedures A16, A17, A18, or A19)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Cavernous sinus meningioma with arterial involvement; aneurysm

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61700 | Craniotomy for carotid aneurysm | 36.70 | Neurosurgery |
| 35301 | Carotid endarterectomy | 17.07 | Neurosurgery |
| 61705 | Cervical carotid occlusion | 35.33 | Neurosurgery |
| 35231 | Repair of blood vessel with vein graft, neck | 11.02 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The average of the recommended values Otolaryngology and Neurosurgery was 36.00, however, the panel felt that A23 was somewhat less complicated than A21 as ligation is easier in the petrous canal than the cavernous sinus and therefore the RVW was adjusted down to 33.00.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 4.25 Low: 2.0 High: 7.0

Median Pre-Service Time: 3.0 Median Post-Service Time: 7.0

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 5.3 Low: 0.75 High: 18

Median Pre-Service Time: 3 Median Post-Service Time: 11

Length of Hospital Stay: 11

Number & Level of Post-Hospital Visits: 14

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: A24 CPT Code: 61X24 Global Period: 090

CPT Descriptor: Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Carotid cavernous aneurysm; AVM

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 61700 | Craniotomy for carotid aneurysm | 36.70 |
| 35301 | Carotid endarterectomy | 17.07 |
| 61705 | Intracranial & cervical carotid occlusion | 35.33 |
| 61521 | Removal of a brain lesion | 41.61 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

In comparison to 61705, surgery of aneurysm, AVM or carotid-cavernouis fistula by intracranial and cervical carotid occlusion, this procedure warrants a higher value, including a 5 hour median operating time.

The recommendation reflects the survey median of 41.61 adjusted by the 2.8% budget neutrality factor.

SURVEY DATA:

Median Intra-Service Time: 5.0 Low: 2.5 High: 8.0

Median Pre-Service Time: 3.0 Median Post-Service Time: 6.0

Length of Hospital Stay: 8.5

Number & Level of Post-Hospital Visits: 3.0

Other Data:

A25

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A25 CPT Code: 61X25 Global Period: 090
Issue: Skull Base Surgery: Definitive Procedures of Base of Posterior Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurosurgery: Jugular foramen glomus tumor, schwannoma; meningioma, chordoma, vertebral/PICA aneurysm

Otolaryngology: This code describes the extradural removal of posterior fossa lesions such as neuromas, meningiomas or chordomas. The indications for use and associated risks are the same as those described in codes A10 through A13.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 61521 | Craniectomy for midline tumor at base | 41.61 | Neurosurgery |
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61519 | Craniectomy for post. fossa meningioma | 35.66 | Neurosurgery |
| 61518 | Craniectomy for post. fossa glioma | 34.01 | Neurosurgery |
| 69970 | Removal of temporal bone tumor | 22.85 | Otolaryngology |
| 69554 | Transmastoid removal of glomus tumor | 26.41 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The survey data from Neurosurgery and Otolaryngology indicate an average recommended RVW of 33.00. The consensus panel concluded that this procedure is 10% more work than A16 (28.30) and therefore and adjusted the recommended RVW accordingly down to 31.10.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 6.0 Low: 2.0 High: 10.0

Median Pre-Service Time: 2.5 Median Post-Service Time: 4.0

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 5.5 Low: 2 High: 16

Median Pre-Service Time: 4 Median Post-Service Time: 6

Length of Hospital Stay: 10

Number & Level of Post-Hospital Visits: 6

Other Data:

A26

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A26 CPT Code: 61X26 Global Period: 090

Issue: Skull Base Surgery: Definitive Procedures of Base of Posterior Cranial Fossa

CPT Descriptor: Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

Plastic Surgery: Patient with acoustic neuroma requiring excision via translabyrenthine approach.

Neurosurgery: Foramen magnum meningioma; glomus tumor

Otolaryngology: This code describes the removal of the intradural component of transdural lesions affecting the posterior craniofossa. The indications for use and associated risks are those described under codes A10 though A13.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 20926 | Removal of tissue graft | 5.31 | Plastic Surgery |
| 61501 | Remove infected skull bone | 18.94 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61521 | Craniectomy for midline tumor at base | 41.61 | Neurosurgery |
| 61520 | Craniectomy for CPA tumor | 40.41 | Neurosurgery |
| 61519 | Craniectomy for post. fossa meningioma | 35.66 | Neurosurgery |
| 61518 | Craniectomy for post. fossa glioma | 34.01 | Neurosurgery |
| 61460 | Craniectomy for section of cranial nerve(s) | 28.19 | Neurosurgery |
| 61500 | Excision of skull tumor | 17.35 | Otolaryngology |
| 61712 | Microdissection | 3.58 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The recommended value for A26 of 42.30 is based upon an average of Neurosurgery recommended RVW of 44.00 and Otolaryngology survey median of 39.00. The Otolaryngology survey median was utilized rather than the Otolaryngology recommended RVW following consensus panel discussion. Since neurosurgeons primarily perform this procedure their RVW was weighted according to the following formula [(44.00 x 2) + 39.00]/3.

The recommendation assumes that the "graft" in this descriptor represents a free-tissue graft harvested from the operative site.

SURVEY DATA

SPECIALTY: Neurosurgery

Median Intra-Service Time: 6.0 Low: 3.5 High: 10.5

Median Pre-Service Time: 2.5 Median Post-Service Time: 4.0

Length of Hospital Stay: 10.0

Number & Level of Post-Hospital Visits: 3.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 9 Low: 3 High: 24

Median Pre-Service Time: 3 Median Post-Service Time: 7.5

Length of Hospital Stay: 12

Number & Level of Post-Hospital Visits: 10

Other Data:

A27

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A27 CPT Code: 61X27 Global Period: 090

Issue: Skull Base Surgery: Repair and/or Reconstruction of Surgical Defects of Skull Base

CPT Descriptor: Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The recommendation assumes that this procedure represents a separate patient anesthetic event.

Plastic Surgery: Patient with CSF leak requiring repair and dural reconstruction with free graft.

Neurosurgery: CSF leak foll. tumor/dural resection

Otolaryngology: This code describes the actual repair of the dural defect with homologous or synthetic material and in the case of autologous tissue it would include both the harvesting of the tissue and the use of the tissue for the dural repair. Most commonly this would refer to the harvesting of tensor fascia lata or abdominal adipose tissue for the repair of dural defects in order to prevent postoperative cerebrospinal fluid leakage. The risks associated with this procedure include the potential for wound complications at the graft donor site as well as postoperative cerebrospinal fluid leakage and associated meningitis.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 62100 | Repair of brain fluid leakage | 21.90 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61518 | Removal of brain lesion | 34.01 | Plastic Surgery |
| 61512 | Craniotomy for meningioma | 25.56 | Neurosurgery |
| 61312 | Craniotomy for supratentorial hematoma | 21.64 | Neurosurgery |
| 61305 | Craniotomy, exploratory, post. fossa | 26.11 | Neurosurgery |
| 61548 | Transnasal hypophysectomy | 21.23 | Neurosurgery |
| 61154 | Burr holes for hematoma | 12.84 | Neurosurgery |
| 15732 | Muscle graft | 12.74 | Neurosurgery |
| 15755 | Free flap (microvascular transfer) | 29.86 | Neurosurgery |
| 62100 | Repair brain fluid leakage | 21.29 | Neurosurgery |
| 62100 | Craniotomy | 21.29 | Otolaryngology |
| 20922 | Fascia Lata | 6.19 | Otolaryngology |
| 20926 | Removal of Tissue for graft | 5.16 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:

The work in A27 is considered to be 75% of the work in the key reference 62100 (21.29). A27 excludes the bone grafting from 62100, but includes the post-operative care of this key reference service.

The recommendation assumes that this procedure represents a separate patient anesthetic event.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 8 Low: 5 High: 15

Median Pre-Service Time: 5 Median Post-Service Time: 5

Length of Hospital Stay: 8

Number & Level of Post-Hospital Visits: 3-4, 99214

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 2.25 Low: 1.0 High: 6.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 2.13

Length of Hospital Stay: 7.0

Number & Level of Post-Hospital Visits: 2.5

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 3 Low: 1 High: 70

Median Pre-Service Time: 2 Median Post-Service Time: 2.5

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 6

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A28 CPT Code: 61X28 Global Period: 090

Issue: Skull Base Surgery: Repair and/or Reconstruction of Surgical Defects of Skull Base

CPT Descriptor: Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle graft or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The recommendation assumes that this procedure represents a separate patient anesthetic event.

Plastic Surgery: Patient with CSF leak requiring repair and dural reconstruction with vascularized flap.

Neurosurgery: Large surgical defect between skullbase and nasopharynx

Otolaryngology: This code can be utilized to describe the use of local vascularized paracranial flaps, galea flaps, temporalis muscle flaps, or regional pedicle muscle flaps (pectoralis, trapezius, or latissimus dorsi). This code would not be utilized if a microvascular free flap were employed (existing code). The risks associated with this procedure are the same as those described in A27 in addition to any morbidity related to the use of a muscle flap from a distant site (pectoralis, trapezius, or latissimus dorsi).

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW | Specialty Society |
|---|---|---|---|
| 15732 | Muscle-skin flap, head/neck | 12.74 | Plastic Surgery |
| 42415 | Excise parotid gland/lesion | 16.98 | Plastic Surgery |
| 62100 | Repair of brain fluid leakage | 21.90 | Plastic Surgery |
| 15755 | Microvascular free flap | 29.86 | Plastic Surgery |
| 61512 | Craniotomy for meningioma | 25.56 | Neurosurgery |
| 61312 | Craniotomy for supratentorial hematoma | 21.64 | Neurosurgery |
| 61305 | Craniotomy, exploratory, post. fossa | 26.11 | Neurosurgery |
| 61548 | Transnasal hypophysectomy | 21.23 | Neurosurgery |
| 61154 | Burr holes for hematoma | 12.84 | Neurosurgery |
| 15732 | Muscle graft | 12.74 | Neurosurgery |
| 15755 | Free flap (microvascular transfer) | 29.86 | Neurosurgery |
| 15732 | Myocutaneous flap | 12.37 | Otolaryngology |
| 15734 | Pectoralis flap | 16.92 | Otolaryngology |

RATIONALE FOR CONSENSUS RECOMMENDATION:
A28 is considered to be 25% more difficult than A27 (16.00).

Local flaps are transpositional, interpositional or advancement of tissue (fascia and/or muscle). Regionalized flaps are tissue from a more distant site with its neurovascular pedicle intact (example "island" flap). Microsurgical transfer of tissue is excluded. Microsurgical (free tissue) transfers are separate procedures and should be coded separately with appropriate modifiers.

The recommendation assumes that this procedure represents a separate patient anesthetic event.

SURVEY DATA

SPECIALTY: Plastic Surgery

Median Intra-Service Time: 6 Low: 3 High: 15

Median Pre-Service Time: 2.75 Median Post-Service Time: 3

Length of Hospital Stay: 9

Number & Level of Post-Hospital Visits: 5, 99213/14

Other Data:

SPECIALTY: Neurosurgery

Median Intra-Service Time: 2.5 Low: 1.5 High: 8.0

Median Pre-Service Time: 2.0 Median Post-Service Time: 2.5

Length of Hospital Stay: 2.0

Number & Level of Post-Hospital Visits: 2.0

Other Data:

SPECIALTY: Otolaryngology

Median Intra-Service Time: 4 Low: 1.5 High: 12

Median Pre-Service Time: 2 Median Post-Service Time: 2

Length of Hospital Stay: 7

Number & Level of Post-Hospital Visits: 6

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## FISTULIZATION OF SCLERA FOR GLAUCOMA - TAB F

The RUC accepted the ophthalmology argument that the current value of code 66170, which was assigned through HCFA's refinement process, is still appropriate. The success rate for this procedure is 80-85%, so from 15-20% of patients may become eligible for the reoperation described by the new code 66172. 66172 represents a considerably more complex procedure because the eyes are more damaged and there is scar tissue from the previous surgery.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| AZ1 | 66170 | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery | revised | 090 | 11.59 (No Change) |
| AZ2 | •66172 | trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) | new | 090 | 14.00 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AZ1 CPT Code: 66170 Global Period: 090

CPT Descriptor: Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

nical Description of Services (including pre-, intra- and post service work and typical patient):

ical patient has elevated intraocular pressures despite maximal tolerated medical therapy and vious argon laser trabeculoplasty. Patient has demonstrated progressive optic disc and visual ld deterioration with these elevated intraocular pressures requiring surgical intervention.

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 65285 | Repair of laceration; cornea and/or sclera, perforating, with reposition or resction of uveal tissue. | 12.35 |
| 65750 | Keratoplasty (corneal transplant); penetrating in aphakia | 12.89 |
| 67107 | Repair of retinal detachment, one or more sessions; scleral buckling with or without implant, may include procedures 67101, 67105. | 14.34 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Hsiao's phase II work found that pre- and post- operative work for this procedure were higher (both in percentage and actual terms) than for any of the three reference procedures.

SURVEY DATA:

Median Intra-Service Time: 1 ($\bar{X}$=1.1) Low: 0.67 High: 2

Median Pre-Service Time: 1 ($\bar{X}$=1.2) Median Post-Service Time: 1 ($\bar{X}$=1.4)

Length of Hospital Stay: 0

Number & Level of Post-Hospital Visits: 9 ($\bar{X}$9.2) Level 3 ($\bar{X}$=2.6) (N=21)

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AZ2 CPT Code: •6617X Global Period: 090

CPT Descriptor: Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

SEE ATTACHMENT

**KEY REFERENCE SERVICE(S):** (If revised code is not indicated as a key reference service, please include the reason for its exclusion)

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 66170 | Trabeculectomy for glaucoma | 11.59 |
| 65285 | Repair of laceration; cornea and/or sclera, perforating, with reposition or resction of uveal tissue. | 12.35 |
| 65750 | Keratoplasty (corneal transplant); penetrating in aphakia | 12.89 |
| 67107 | Repair of retinal detachment, one or more sessions; scleral buckling with or without implant, may include procedures 67101, 67105. | 14.34 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: **(Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)**

Compared with initial trabeculectomies, our survey found that these re-operations require significantly more intraoperative time (1.5 hours vs. 1.0 hours) and an average of 3 additional level three follow-up visits. These findings are supported by a study presented at the May 1993 meeting of the Association for Research and Ophthalmology.

SURVEY DATA:

Median Intra-Service Time: 1.5 ($\bar{X}$=1.5) Low: 0.833 High: 2.75

Median Pre-Service Time: 1 ($\bar{X}$=1.1) Median Post-Service Time: 1 ($\bar{X}$=2.2)

Length of Hospital Stay: 1 ($\bar{X}$=1.25)

Number & Level of Post-Hospital Visits: 12 ($\bar{X}$=12.2) Level 3 ($\bar{X}$=2.8) (N=18)

Other Data: _____

ATTACHMENT TO CPT CODE 6617X

An elderly patient with a long history of primary open angle glaucoma has demonstrated progressive optic nerve and visual field deterioration despite treatment with maximal medical therapy, previous argon laser trabeculoplasty and previous glaucoma filtering surgery. The patient also has persistent elevated intraocular pressures requiring surgical intervention.

The preoperative exam is more involved (than 66170) in deciding if and when present intraocular pressure levels are significant enough to cause progressive optic disc and visual field deterioration. This decision is more difficult in the face of advanced optic disc and visual field damage. Intraoperatively, a re-operation is more difficult because the conjunctiva is scarred superiorly, requiring that repeat fistulization surgery be performed in either the supranasal or the superotemporal quadrant. There is increased chance of bleeding and scarring at the limbus during the surgical procedure and the conjunctival and tenons incisions must be closed meticulously if anti-fibrotic drugs are to be used. Postoperatively, this patient would require subconjunctival injections of anti-fibrotic drugs such as 5-fluorouracil. This would be given by a physician under topical anesthetic with a 30 gauge needle. A total volume of 0.10 ml containing 5 mg 5-fluorouracil would be injected 180 degrees away from the fistulization site subconjunctivally. These are typically given every day for one week and then every other day for the second week. During this time, there is increased chance of hypotony, loss of the corneal epithelium, wound leak, abscess formation in the filtering bleb, endophthalmitis, macular edema, choroidal effusion, and suprachoroidal hemorrhages than would be with primary fistulization surgery.

| | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Magnetic Resonance Angiography | | | | | |
| | | MRA was compared with magnetic resonance imaging (MRI). MRA was valued higher than MRI because the former requires more supervision, acquisition and reconstruction time. Responding to the RUC's question about the amount of physician time and work involved in the service versus that of technicians when the physician is not present, the specialty Advisor indicated that the physician must be actually sitting at the console about 50% of the time. Several RUC members also asked the presenters to explain when they would use MRA alone and when it might be used in addition to other techniques and compared the work of MRA to that of catheter angiography studies. The radiologists indicated that 80% of MRA services require no further study. | | | |
| | | There was also some discussion of the current status of MRA. The CPT Editorial Panel adopted the codes based on their understanding that it is no longer experimental, but it became clear that HCFA would still have to make a coverage decision on these codes. | | | |
| 11 | •70541 | Magnetic resonance angiography, head and/or neck, with or without contrast material(s) | new | XXX | 1 85 |
| 12 | •71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | new | XXX | 1 85 |
| 13 | •72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | new | XXX | 1 81 |
| 14 | •72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) | new | XXX | 1 79 |
| 15 | •73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) | new | XXX | 1 77 |

Tracking Number

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| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| 16 | +73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) | new | XXX | 1 86 |
| 17 | +74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | new | XXX | 1 81 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 11 CPT Code: 7054X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, head and/or neck, with or without contrast material(s)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

MRA of the head and/or neck is already a commonly performed examination which has found wide usefulness in screening for extra- and intracranial occlusive disease in patients with cerebrovascular episodes (TIA and stroke). Other uses include screening of patients for intracranial aneurysms and vascular malformations.

Describe any Specialty Differences In the Description of the Typical Patient:

(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 70551 | MRI, brain; without contrast material | 1.52 |
| 70553 | MRI brain: without contrast followed by contrast | 2.42 |
| 74181 | MRI, abdomen | 1.64 |
| 75680 | Angiography, carotid, cervical, bil., rad. S& I | 1.70 |
| 72148 | MRI, lumbar spine | 1.52 |

Relationship to Key Reference Service(s):

MRA of the head and neck is a form of MRI and is most analogous to MRI of the brain. Although it utilizes the same basic technology as MRI, it is, however, slightly more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

SURVEY DATA

## Radiology

Median Intra-Service Time: * 20 min. Low: * 5 min. High: * 90 min.

Median Pre-Service Time: * 5 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 40 min.

* Although not applicable for radiology services, some respondents provided estimates.

## Radiology: Interventional

Median Intra-Service Time: 35 min. Low: 15 min. High: 2 hr.

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

## Neurology

Median Intra-Service Time: 45 min. Low: 20 min. High: 80 min.

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

12

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 12 CPT Code: 7155X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, chest (excluding myocardium), with or without contrast materials

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Chest MRA will be a commonly used examination to identify diseases of the thoracic aorta such as dissection or aneurysm, as well as to visualize the pulmonary circulation.

Describe any Specialty Differences In the Description of the Typical Patient:

(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74181 | MRI, abdomen | 1.64 |
| 71550 | MRI, chest | 1.64 |
| 75552 | MRI, myocardium | 1.64 |
| 70551 | MRI, brain; without contrast | 1.52 |
| 74160 | CT scan, abdomen; with contrast | 1.30 |

Relationship to Key Reference Service(s):

MRA of the chest is a form of MRI and is most analogous to MRI of the abdomen. Although it utilizes the same basic technology as MRI, MRA is, however, slightly more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

SURVEY DATA

## Radiology

Median Intra-Service Time: * 20 min. Low: * 5 min. High: * 75 min.

Median Pre-Service Time: * 10 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 40 min.

~~* Although not applicable for radiology services, some respondents provided estimates.~~

## Radiology: Interventional

Median Intra-Service Time: 40 min. Low: 15 min. High: 2 hr. 50 min.

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

13

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: J3 CPT Code: 7215X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Currently, MRA of the spinal canal and contents is primarily performed for the detection of vascular malformations of the spinal cord in which the sensitivity of magnetic resonance flow is particularly helpful in identifying the serpentine vessels which are characteristic of these lesions.

Describe any Specialty Differences In the Description of the Typical Patient:

(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 72148 | MRI, lumbar spine | 1.52 |
| 70551 | MRI, brain; without contrast | 1.52 |
| 72156 | MRI, without contrast followed by contrast; cervical | 2.63 |
| 75705 | Angiography, spinal, selective, rad. S & I | 2.23 |

Relationship to Key Reference Service(s):

MRA of the spinal canal and contents is a form of MRI and is most analogous to MRI of the lumbar spine. Although it utilizes the same basic technology as MRI, MRA is, however, slightly more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

SURVEY DATA

## Radiology

Median Intra-Service Time: * 20 min. Low: * 5 min. High: * 60 min.

Median Pre-Service Time: * 10 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 45 min.

* Although not applicable for radiology services, some respondents provided estimates.

## Radiology: Interventional

Median Intra-Service Time: 35 min. Low: 15 min. High: 2 hr.

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: _____

## Neurology

Median Intra-Service Time: 30 min. Low: 20 min. High: 60 min.

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: _____

14

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 14 CPT Code: 7219X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, pelvis, with or without contrast material(s)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

MRA of the pelvis will be primarily used in screening for lower extremity occlusive disease in the aortoiliac segment, as well as for identification of aneurysmal disease of the iliac arteries. Other uses include detection and staging of arteriovenous malformations of the pelvis, as well as identification of pelvic thrombophlebitis.

Describe any Specialty Differences In the Description of the Typical Patient:

(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74181 | MRI, abdomen | 1.64 |
| 70551 | MRI, brain: without contrast | 1.52 |
| 75736 | Angiography, pelvic, sel. or suprasel., rad. S & I | 1.17 |
| 72148 | MRI, lumbar spine | 1.52 |

Relationship to Key Reference Service(s):

MRA of the pelvis is a form of MRI and is most analogous to MRI of the abdomen. Although it utilizes the same basic technology as MRI, MRA is, however, slightly more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

14

SURVEY DATA

Radiology

Median Intra-Service Time: * 15 min. Low: * 5 min. High: * 75 min.

Median Pre-Service Time: * 10 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 35 min.

* Although not applicable for radiology services, some respondents provided estimates.

Radiology: Interventional

Median Intra-Service Time: 35 min. Low: 15 min. High: 2 hr. 50 min.

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: J5 CPT Code: 7322X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, upper extremity, with or without contrast materials

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

MRA of the upper extremity will be utilized to identify patients with occlusive upper extremity arterial disease and/or involvement of the upper extremity by arteriovenous malformations. There have been benefits shown in identification of subclavian artery aneurysms and subclavian/innominate venous lesions in the thoracic outlet syndrome or in tumor involvement in those regions.

Describe any Specialty Differences In the Description of the Typical Patient:

(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74181 | MRI, abdomen | 1.64 |
| 73220 | MRI, upper extremity (non-joint) | 1.52 |
| 70551 | MRI, brain | 1.52 |
| 75710 | Angiography, extremity, unilateral, rad. S & I. | 1.17 |
| 72148 | MRI, lumbar spine | 1.52 |

Relationship to Key Reference Service(s):

MRA of the upper extremity is a form of MRI and is most analogous to MRI of the abdomen. Although it utilizes the same basic technology as MRI, MRA is, however, slighdy more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

SURVEY DATA

## Radiology

Median Intra-Service Time: * 20 min. Low: * 5 min. High: * 70 min.

Median Pre-Service Time: * 10 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 40 min

* Although not applicable for radiology services, some respondents provided estimates.

## Radiology: Interventional

Median Intra-Service Time: 36 min. Low: 15 min. High: 2 hr. 50 min.

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

16

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 16 CPT Code: 73 '2X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, lower extremity, with or without contrast material(s)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

MRA of the lower extremity is widely utilized to visualize lower extremity arterial circulation in patients with occlusive disease. The femoral poplitcal artery is readily identified and characterized in terms of stenosis. It is anticipated that the use of MRA for lower extremity peripheral vascular disease and aneurysms will increase.

Describe any Specialty Differences In the Description of the Typical Patient:

(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 73720 | MRI, lower extremity (non-joint) | 1.52 |
| 70551 | MRI, brain | 1.52 |
| 74181 | MRI, abdomen | 1.64 |
| 75710 | Angiography, extremity, unilateral, rad. S & I. | 1.17 |

Relationship to Key Reference Service(s):

MRA of the lower extremity is a form of MRI and is most analogous to MRI of the lower extremity. Although it utilizes the same basic technology as MRI, MRA is, however, slightly more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

SURVEY DATA

## Radiology

Median Intra-Service Time: * 20 min. Low: * 5 min. High: * 70 min.

Median Pre-Service Time: * 10 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 40 min.

* Although not applicable for radiology services, some respondents provided estimates.

## Radiology: Interventional

Median Intra-Service Time: 39 min. Low: 15 min. High: 3 hr.

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: 17 CPT Code: 7418X Global Period: XXX

CPT Descriptor: Magnetic resonance angiography, abdomen, with or without contrast material(s)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Clinical utility for MRA of the abdomen includes identification of abdominal aortic aneurysms and visceral artery aneurysms, evaluation of the inferior vena cava for bland of tumor thrombus (as in renal cell carcinoma), as well as identification of mesenteric venous and hepatic venous abnormalities. Liver transplant surgeons have found MRA of the portal and mesenteric venous circulation to be extremely helpful in pre- and postoperative evaluation of liver transplant patients with portal hypertension. Other less frequent uses would include screening and identification of vascular malformations of the abdomen.

Describe any Specialty Differences in the Description of the Typical Patient:
(None)

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 74181 | MRI, abdomen | 1.64 |
| 70551 | MRI, brain: without contrast | 1.52 |
| 75630 | Aortogram, abdominal and bilateral runoff, rad. S & I | 1.34 |
| 72148 | MRI, lumbar spine | 1.52 |

Relationship to Key Reference Service(s):

MRA of the abdomen is a form of MRI and is most analogous to MRI of the abdomen. Although it utilizes the same basic technology as MRI, MRA is, however, slightly more physician work intensive because of the additional supervisory aspects prior to and during the scan and the need for physician manipulation of the data.

SURVEY DATA

## Radiology

Median Intra-Service Time: * 20 min. Low: * 5 min. High: * 75 min.

Median Pre-Service Time: * 10 min. Median Post-Service Time: * 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Median: Total Service Time: 40 min.

* Although not applicable for radiology services, some respondents provided estimates.

## Radiology: Interventional

Median Intra-Service Time: 40 min. Low: 15 min. High: 2 hr. 50 min.

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

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## PERITONEOGRAM - TAB B

The RUC recommendation is based on the survey median presented by radiology and interventional radiology. The work involved is equivalent to the supervision and interpretation of other image guided needle procedures. Peritoneogram is an uncommon procedure that is most often used to verify an inguinal hernia in the presence of unusual symptomatology, for example, when the surgeon is convinced that there is a hernia but cannot find it. The RUC's review also noted the increased risk associated with injection of contrast medium into the peritoneal cavity compared with injection of air. The key reference service is therefore service described by code 74280 which involves air contrast of the colon with high density barium (1.01 RVW).

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 49400 | ~~Pneumoperitoneum (separate procedure)~~ Injection of air or contrast into peritoneal cavity, separate procedure ~~initial~~<br><br>(For radiological supervision and interpretation, see 74190) | revised | 000 | 1.92<br>(No Change) |
| | 49401 | ~~subsequent~~<br><br>(49401 has been deleted. To report, use 49400) | deleted | 000 | N/A |
| All | •74190 | Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation<br><br>(For procedure, see 49400)<br><br>(For computerized axial tomography, see 72192 or 74150 | new | XXX | 1.00 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AI1 CPT Code: 7419X Global Period: XXX
CPT Descriptor: Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation (For computerized axial tomography, see 74150 or 72192)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

38 year old male with unexplained groin pain (suspected of having an inguinal hernia) and with a normal or inconclusive physical examination.

Describe any Specialty Differences in the Description of the Typical Patient: None

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 49401 | Air Injection into Abdomen | 1.70 |
| 32000 | Drainage of Chest | 1.58 |
| 74160 | Computerized axial tomography, abdomen; with contrast material(s) | 1.30 |
| 74250 | Radiologic examination, small bowel, includes multiple serial films | 0.49 |
| 74280 | Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon | 1.01 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical & physical effort; mental effort and judgement; and stress)

The median RVW was accepted on the basis that the work involved is equivalent to the supervision and interpretation of other image guided needle procedures.

## SURVEY DATA

**SPECIALTY:** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 25 min. Low: 0 min. High: 1 hr.

Median Pre-Service Time: 5 min. Median Post-Service Time: 5 min.

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

**SPECIALTY:** Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 30 min. (median); 10 min. (low); 60 min. (high)

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
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## CARDIOVASCULAR MAGNETIC RESONANCE IMAGING - TAB 30

The RUC recommendations are based upon cardiology and radiology survey medians which were adjusted by valuing the original survey medians as a ratio to the current value of the base code 75552. The RUC accepted the specialties' explanation of the changes in this technology and the state of the art, as well as the patient population. These are generally more complex patients than those who would have had cardiac MRI before, and often those for whom other technologies have failed.

Since the advent of cardiac/cardiovascular MRI in the mid-1980s, the level of technology and associated applications has increased exponentially. In the past two years especially a number of technologies have developed permitting increased capabilities for imaging of cardiovascular disease. These include capabilities for imaging along the axes of the heart and vessels, three-dimensional imaging/display, dynamic imaging, and near-real-time imaging. This translates into imaging of more complex patients, increased diagnostic yield, and increased involvement and expertise by the physician.

These technological advances have also decreased the frequency of other procedures, such as myelography, and cardiac MRI patients would not generally go on to have cardiac catheterization or angiography. The RUC also noted that many surgeons will not operate without a cardiac MRI.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| A01 | 75552 | Cardiac magnetic resonance imaging ~~(eg, proton) myocardium~~ for morphology; without contrast material | revised | XXX | 1.64 (No Change) |
| A01a | •75553 | with contrast material | new | XXX | 2.05 (A01 x 1.25) |
| A02 | •75554 | Cardiac magnetic resonance imaging for function, with or without morphology; complete study (eg, multiple chambers) | new | XXX | 1.87 (A01 x 1.14) |

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| | | | | | |
|---|---|---|---|---|---|
| A03 | •75555 | limited study (eg, single chamber) | new | XXX | 1.78<br>(A01 x 1.09) |
| A04 | •75556 | Cardiac magnetic resonance imaging for velocity flow mapping | new | XXX | 1.80<br>(A01 x 1.10) |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: A01 CPT Code: 75552 Global Period: XXX

CPT Descriptor: Cardiac magnetic resonance imaging ~~(eg, proton) myocardium~~ for morphology: with or without contrast material

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 30 year old man with complex congenital heart disease, status post surgical repair as a child presents with progressive shortness of breath. CXR shows cardiomegaly. Cardiac MRI is indicated to assess the morphology of cardiac chambers and great vessels. The MRI imaging protocol is prepared and the procedure monitored by the physician who may request additional sequences based upon initial observations. The physician interprets the study using either the MR monitor or films and/or videotape, dictates a report and confers with the referring physicians.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 75552 | Magnetic resonance (eg, proton) imaging, myocardium | 1.64 |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | 1.97 |
| 72141 | without contrast material | 1.64 |
| 78465 | Tomographic (SPECT), multiple studies, resting and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative | 1.50 |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 1.52 |
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress, with physician supervision, with interpretation and report | 0.76 |
| 99244 | Office consultation for a new or established patient, which requires these three key components: (a) a comprehensive history, (b) a comprehensive examination, and (c) medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. | 2.30 |

Relationship to Key Reference Service(s):
The cardiac MRI for morphology was considered to be more physician intensive than the existing MRI myocardium.

SURVEY DATA

SPECIALTY : Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 150 min. (median) 30 min. (low) 240 min. (high)

SPECIALTY: Cardiology

Median Intra-Service Time: 45 min. Low: 10 min. High: 80 min.

Median Pre-Service Time: 10 min. Median Post-Service Time: 10 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AO2 CPT Code: 755X1 Global Period: XXX

CPT Descriptor: Cardiac magnetic resonance imaging for function, with or without morphology; complete study (eg, multiple chambers)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 25 year old woman presents with new onset dyspnea. Examination reveals a fixed, split-second heart sound. The ECG reveals RBBB and CXR shows increased pulmonary vascularity. Cardiac MRI is indicated to diagnose and assess severity of suspected atrial-septal defect. The MRI imaging protocol is prepared and the procedure monitored by the physician who may request additional sequences based upon initial observations. The physician interprets the study using either the MR monitor or films and/or videotape, dictates a report and confers with the referring physician.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 75552 | Magnetic resonance (eg, proton) imaging, myocardium | 1.64 |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | 1.97 |
| 72141 | without contrast material | 1.64 |
| 78465 | Tomographic (SPECT), multiple studies, resting and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative | 1.50 |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 1.52 |
| 99244 | Office consultation for a new or established patient, which requires these three key components: (a) a comprehensive history, (b) a comprehensive examination, and (c) medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. | 2.3 |
| 93350 | Echocardiography, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, including electrocardiographic monitoring, with interpretation and report | 1.56 |

Relationship to Key Reference Service(s):
Code 755X1 was considered to be more physician intensive than MRI without contrast and roughly equivalent to MRI with contrast.

RATIONALE FOR CONSENSUS RECOMMENDATION: (Incluce all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

Code 75552 as proposed was assumed to be without contrast.
Cardiac MRI morphology with contrast was judged to be 25% more physician intensive than the similar procedure without contrast.

## SURVEY DATA

SPECIALTY

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure TIme: 90 min. (median) 15 min. (low) 220 min..(high)

SPECIALTY

Median Intra-Service Time: 30 min. Low: 10 min. High: 60 min.

Median Pre-Service Time: 10 min. Median Post-Service Time: 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Additional time is required if this procedure is done with contrast.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AO3 CPT Code: 755X2 Global Period: XXX *Recommended Consensus RVW:* 1.90

CPT Descriptor: Cardiac magnetic resonance imaging for function, with or without morphology; limited study (eg, single chamber)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 40 year old man presents with increasing dyspnea on exertion. Auscultation reveals a holosystolic murmur suggestive of mitral regurgitation. The ECG demonstrates left ventricular hypertrophy. CXR reveals LV and LA enlargement. Cardiac MRI is indicated to assess right and left ventricular function as well as the severity of mitral regurgitation. The MRI imaging protocol is prepared and the procedure monitored by the physician who may request additional sequences based upon initial observations. The physician interprets the study using either the MR monitor or films and/or videotape, dictates a report and confers with the referring physician.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 75552 | Magnetic resonance (eg, proton) imaging, myocardium | 1.64 |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | 1.97 |
| 72141 | without contrast material | 1.64 |
| 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | 1.64 |
| 78465 | Tomographic (SPECT), multiple studies, resting and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative | 1.50 |
| 99244 | Office consultation for a new or established patient, which requires these three key components: (a) a comprehensive history, (b) a comprehensive examination, and (c) medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family. | 2.30 |
| 93350 | Echocardiography, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, including electrocardiographic monitoring, with interpretation and report | 1.56 |

Relationship to Key Reference Service(s):
Code 755X2 in comparison to 755X1 has the same amount of physician time with only a slight decrease in physician work.

SURVEY DATA

SPECIALTY : Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 100 min. (median) 25 min. (low) 240 min. (high)

SPECIALTY : Cardiology

Median Intra-Service Time: 45 min. Low: 10 min. High: 60 min.

Median Pre-Service Time: 10 min. Median Post-Service Time: 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AO4 CPT Code: 755X3 Global Period: XXX

CPT Descriptor: Cardiac magnetic resonance imaging for velocity flow mapping

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 59 year old woman, six month status post acute MI presents with palpitations and increasing dyspnea on exertion. ECG demonstrates premature ventricular contractions. Cardiac MRI is indicated to assess regional and global left ventricular function andto detect a possible left ventricular aneurysm. The MRI imaging protocol is prepared and the procedure monitored by the physician who may request additional sequences based upon initial observations. The physician interprets the study using either the MR monitor or films and/or videotape, dictates a report and confers with the referring physician.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 75552 | Magnetic resonance (eg, proton) imaging, myocardium | 1.64 |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | 1.97 |
| 72141 | without contrast material | 1.64 |
| 78465 | Tomographic (SPECT), multiple studies, resting and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative | 1.50 |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | 1.52 |
| 93350 | Echocardiography, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, including electrocardiographic monitoring, with interpretation and report | 1.56 |
| 75523 | Cardiac radiography, selective cardiac catheterization, left side, radiological supervision and interpretation | 0.86 |

Relationship to Key Reference Service(s):
The physician work related to code 755X3 was considered to be more intensive than that for code 755X2.

SURVEY DATA

SPECIALTY: Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 100 min. (median); 15 min. (low); 240 min. (high)

SPECIALTY: Cardiology

Median Intra-Service Time: 40 min. Low: 10 min. High: 60 min.

Median Pre-Service Time: 10 min. Median Post-Service Time: 15 min.

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data:

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## STEREOTACTIC BREAST BIOPSY - TAB C

The RUC recommendation is based on the survey median presented by radiology and interventional radiology. The RUC compared this code 76095 to 76096 (preoperative placement of needle localization, breast, radiological supervision an interpretation) and determined 76096 to be much less work. 76095 involves the interpretation of multiple mammogram during the biopsy that will provide the surgeon with a road map to very small palpable lesions. This procedure represents new technology.

The RUC was also presented with and considered the extensive additional information regarding the reading of mammogram with the performance of 14 gauge core stereotactic needle biopsy of the breast. This information is included in Tab C.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AJ1 | •76095 | Stereotactic localization for breast biopsy, each lesion; radiological supervision and interpretation<br><br>(For procedure, see 19100, 88170) | new | 090 | 1.63 |

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Stereotactic Breast Biopsy

The RUC was also presented with the following information regarding the reading of mammogram with the performance of 14 gauge core stereotactic needle biopsy of the breast:

[1] Before such a biopsy is actually performed, at least one, and usually several mammogram must be reviewed to ensure that core biopsy is appropriate for the clinical problem.

[2] The patient (and many times the husband or other relative) must be completely informed as to the options available. If core biopsy is agreed upon, a full explanation of the procedure is then given.

[3] Informed consent is obtained and witnessed.

[4] At the time of the procedure, the radiologist is completely responsible for confirming correct calibration of the machine, correct positioning of the patient for the scout film, and proper needle selection for the given lesion.

[5] The actual procedure will take an average of 50 minutes. This includes the time needed for: the scout film, the stereo-pair scout film, entering the coordinate data into the digitizer, the cleansing and anesthetizing of the breast, obtaining an average of five core samples, and pre and post fire films with the first and last core samples.

[6] Following the procedure, the radiologist must confirm that there is no hematoma or other possible complication at the biopsy site, give the patient post biopsy instructions, and release the patient.

[7] When the pathology report is available (usually within 24 hours), it is the responsibility of the radiologist to compare the results with the diagnosis expected from the original mammographic study. In the event that there is any significant discrepancy, it is the responsibility of the radiologist to contract both the patient and the referring physician to arrange for further studies, short-term follow-up, or perhaps an open biopsy.

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CONSENSUS RECOMMENDATION

Tracking Number: AJ1 CPT Code: 7609X Global Period: XXX

CPT Descriptor: Stereotactic localization for breast biopsy, each lesion; radiological supervision and interpretation (For procedure, see 19100, 88170)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

46 year old female patient with a nonpalpable suspicious breast lesion demonstrated by mammography.

Describe any Specialty Differences in the Description of the Typical Patient: None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 19290 | Preoperative placement of needle localization wire, breast | 1.30 |
| 19100 | Biopsy of breast; needle (seperate procedure) | 1.30 |
| 76091 | Mammography; bilateral | 0.42 |
| 76096 | Preoperative placement of needle localization wire, breast, radiological supervision and interpretation | 0.58 |
| 76360 | Computerized tomography guidance for needle biopsy, radiological supervision and interpretation | 1.19 |
| 48102 | Needle Biopsy, Panceas | 4.54 |
| 47000 | Needle Biopsy of Liver | 1.95 |

Relationship to Key Reference Service(s):
The median survey value reflects that this procedure involves the interpretation of multiple mammograms during the biopsy.

## SURVEY DATA

**SPECIALTY :** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 45 min. Low: 5 min. High: 1 hr. 30 min.

Median Pre-Service Time: 10 min. Median Post-Service Time: 10 min.

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

**SPECIALTY :** Radiology

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: N/A Median Post-Service Time: N/A

Length of Hospital Stay: N/A

Number & Level of Post-Hospital Visits: N/A

Other Data: Total Procedure Time: 45 min. (median); 20 min. (low); 90 min. (high)

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## POSITRON EMISSION TOMOGRAPHY (PET) - TAB 19

The RUC recommendation is based upon the survey median of approximately 40 nuclear physicians and radiologists and the comparison to code 70552 (MRI, brain, with contrast materials). The PET codes and 70552 require identical amounts of time and interaction between physician and technologist. An MRI procedure with contrast was used as a key reference service as an injection is also required for PET. Although the physician work in PET will be the same as MRI, the practice costs are higher as PET scans are more costly. PET has not been coded previously and is considered new technology, although the technology has been in use for several years.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AM1 | •78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | new | XXX | 1.82 |
| AM2 | •78609 | perfusion evaluation | new | XXX | 1.82 |

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AM1

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**CONSENSUS RECOMMENDATION**

Tracking Number: AM1 CPT Code: •786X1 Global Period: XXX

CPT Descriptor: Brain imaging, positron emission tomography (PET); metabolic evaluation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

28 year old female who is currently complaining of headaches. She had had surgery and radiation therapy for a grade 3/4 astrocytoma. MRI demonstrates an enhancing abnormality in the region of surgery, but radiation necrosis cannot be differentiated from recurrence of tumor.

14 year old with uncontrolled partial complex seizures diagnosed clinically and by EEG, under consideration for surgical ablation but precise specific cortical areas need to be defined.

Describe any Specialty Differences In the Description of the Typical Patient: none

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 70552 | Magnetic resonance (e.g.proton) imaging, brain (including brain stem); with contrast material(s) | 1.82 |

Relationship to Key Reference Service(s): Both PET(for brain metabolism evaluation) and MRI brain with contrast require similar levels of physician involvement (e.g.pretest patient setup, review of previous and correlative studies, supervision of technologists, interpretation, etc.). Furthermore, MRI brain with contrast was a frequently listed key reference service for nuclear physicians and radiologists.

**SURVEY DATA**

**SPECIALTY** Nuclear Medicine

Median Intra-Service Time: n/a Low: n/a High: n/a

Median Pre-Service Time: n/a Median Post-Service Time: n/a

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data: Total procedure time:60 min(median) 30 min(low) 240 min(high)

**SPECIALTY** Radiology

Median Intra-Service Time: n/a Low: n/a High: n/a

Median Pre-Service Time: n/a Median Post-Service Time: n/a

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data: Total procedure time:43 min(median) 15 min(low) 90 min(high)

**SPECIALTY**

25th Percentile RVW: _____ 75th Percentile RVW: _____ Low: _____ High: _____

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AM2 CPT Code: •786X2 Global Period: XXX

CPT Descriptor: Brain imaging, positron emission tomography (PET); perfusion evaluation

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

67 year old male hypertensive patient with very recent onset of hemiparesis, and negative MRI, to undergo study to establish area and extent of ischemia.

Describe any Specialty Differences In the Description of the Typical Patient: none

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 70552 | Magnetic resonance (e.g.proton) imaging, brain (including brain stem); with contrast materials | 1.82 |

Relationship to Key Reference Service(s): Both PET (perfusion) and MRI brain, with contrast, require similar levels of physician involvement (e.g. pretest patient setup, review of previous and correlative studies, supervision of technologists, interpretation, etc.). Furthermore, MRI brain with contrast was a frequently listed key reference for nuclear physicians and radiologists.

**SURVEY DATA**

**SPECIALTY** Nuclear Medicine

Median Intra-Service Time: n/a Low: n/a High: n/a

Median Pre-Service Time: n/a Median Post-Service Time: n/a

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data: total procedure time:60 min(median) 30 min(low) 240 min(high)

**SPECIALTY** Radiology

Median Intra-Service Time: n/a Low: n/a High: n/a

Median Pre-Service Time: n/a Median Post-Service Time: n/a

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data: Total procedure time:40 min(median) 15 min(low) 90 min(high)

**SPECIALTY**

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## SPECT IMAGING - TAB 20

The RUC recommendation is based on survey responses from more than 60 nuclear physicians and radiologists, more than twice the number required by the RUC. The recommended value reflects the work involved in the key reference service 78803 (Tumor localization) as the abscess localization by SPECT is clinically equivalent to tumor localization by SPECT. Responsibilities for the new code 78807 include oversight of the white blood cell tagging procedure to insure proper labelling technique and increased physician liability related to reinjection of blood into the patient. White blood cell tagging is specific to this procedure and not part of code 78803, which was the designated reference service.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AN1 | •78807 | Radionuclide localization of abscess; SPECT | new | XXX | 1.11 |
| | 78192 | ~~White blood cell localization; limited area scanning~~<br>(78192 has been deleted. To report, use 78805) | deleted | XXX | N/A |
| | 78193 | ~~whole body~~<br>(78193 has been deleted. To report, use 78806) | deleted | XXX | N/A |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AN1 CPT Code: •7880X Global Period: XXX

CPT Descriptor: Radionuclide localization of abscess; SPECT

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

71 year old woman with fever, leukocytosis, vague abdominal complaints, one out of three cultures positive for methicillin resistant staph aureus, negative CT and US of abdomen, diverticulosis by barium enema.

Describe any Specialty Differences In the Description of the Typical Patient: none

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 78803 | Tumor localization (SPECT) | 1.11 |

Relationship to Key Reference Service(s): Abscess localization by SPECT is clinically equivalent to tumor localization by SPECT.

## SURVEY DATA

**SPECIALTY** Nuclear Medicine

Median Intra-Service Time: n/a Low: n/a High: n/a

Median Pre-Service Time: n/a Median Post-Service Time: n/a

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data: Total procedure time:40 min(median) 20 min(low) 180 min(high)

**SPECIALTY** Radiology

Median Intra-Service Time: n/a Low: n/a High: n/a

Median Pre-Service Time: n/a Median Post-Service Time: n/a

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data: Total procedure time:35 min(median) 15 min(low) 150 min(high)

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

AMA/Specialty Society RVS Update Process
Recommendations for Physician Work Relative Values (RVW)
for New and Revised CPT Codes for CPT 1994
June 7, 1993

| Tracking Number | CPT Code Number | Descriptor | Coding Change | Global Period | Recommended RVW |
|---|---|---|---|---|---|
| Psychotherapy<br>The RUC discussed the relationship between physician work and the time involved in psychotherapy procedures and also compared the work of the service to that of lengthy consultations. It was clear from the discussion that the new code would not only entail the same amount of time as a 90843 (1.12 RVW) and a 90844 (1.76 RVW) service combined, but that the mental and physical effort and stress associated with providing a 75-80 minute psychotherapy service would lead to nearly as much intensity for the new service than that involved in providing two shorter services (1.12+1.76=2.88). | | | | | |
| P1 | +90842 | Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 75 to 80 minutes | new | XXX | 2.81 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: PI CPT Code: •90SXX Global Period: XXX

CPT Descriptor: Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 75 to 80 minutes

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See attached.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 99245 | Initial Office Consultation | 3.05 |
| 90844 | Individual Medical Psychotherapy | 1.76 |
| 90801 | Psychiatric Diagnostic Interview | 2.24 |
| 99285 | Emergency Department Visit | 2.71 |

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

See attached.

SURVEY DATA:

Median Intra-Service Time: N/A Low: N/A High: N/A

Median Pre-Service Time: 8 minutes Median Post-Service Time: 15 minutes

Length of Hospital Stay: 17 days

Number & Level of Post-Hospital Visits: N/A

Other Data:

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION
AMERICAN PSYCHIATRIC ASSOCIATION

Tracking Number P1 CPT Code 908XX

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

The Individual Medical Psychotherapy Code is necessary for extended and complex therapy sessions required in certain situations (i.e., severe mental illness in a child or adolescent). This 75 to 80 minute psychotherapy session would be used when a patient presents an unusual problem on a particular day, i.e., the patient decompensates in the office; or the patient reveals additional, important medical history that must be reviewed.

A typical patient example is

> A patient, who is being treated for depressive disorder and currently on antidepressant medication, reveals suicidal thinking at the end of the session. The complaint of suicide thinking requires extension of the therapeutic session to complete a mental state examination and to assess the complaint of suicidal ideation.

The Pre-Service Time, which had a median of eight minutes from the survey, is necessary for review of the medical records of the patient. The RVS Panel agreed that the Post-Service Time would probably be greater than the 15 minutes as found in the survey, to allow for the physician to ensure a safe harbor for the patient, whether in the hospital or through some other arrangements, and to review and implement the treatment plan.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION
AMERICAN PSYCHIATRIC ASSOCIATION

Tracking Number P1 CPT Code 908XX

Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

The RVS Panel that reviewed the data collected through the survey of the physicians strongly supports the recommended RVW of 2.81. The Relative Value for Physician Work not only represents the median of the psychiatrists' responses, but directly relates to the relative values of the key reference services; particularly, Initial Office Consultation, 99245, with a Relative Work Value of 3.05. This code was the most often designated Key Reference Service by the participants in the survey. The recommended RVW also mathematically follows the combined relative values of Individual Medical Psychotherapy, for 25 to 30 minutes, 90843 (RVW of 1.12) and Individual Medical Psychotherapy for 45 to 50 minutes, 90844 (RVW of 1.76).

As can be seen from the enclosed vignette, this procedure is meant to be applied to cases in which there are increased medical discussion making problems, complicated medical diagnostic or management problems, and increased stress, producing increased work for the physician.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## PSYCHOLOGICAL TESTING - TAB I

The RUC recommendations are based on a downward adjustment of survey results from more than 50 clinical psychologists and psychiatrists to better reflect the relationship between the revised codes and the key reference services 90801, 90844, 95880 and 95881. The RUC critically evaluated the relationship between 90830 and 90844 (individual medical psychotherapy) and determined that, in addition to one hour of psychological testing, 90830 would also include pre-service time discussing the tests with the patient and/or family and up to 20 minutes of interpretation and report.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| SS1 | 90830 | Psychological testing ~~by physician~~, (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and ~~written~~ report, per hour | revised | XXX | 2.00 |

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SS1

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS**
**CONSENSUS RECOMMENDATION**

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Tracking Number: SS1 CPT Code: 90830 Global Period: XXX

CPT Descriptor:

*Psychological testing ~~by physician~~, psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, etc. (eg, WISC-R, Rorschach, MMPI, etc.) by standardized instruments, with interpretation and ~~written~~ report, per hour*

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See attached.

Describe any Specialty Differences In the Description of the Typical Patient:

None.

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**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|

See attached.

Relationship to Key Reference Service(s):

CPT Code 90801 - - Comparable Work
CPT Code 90844 - - 20 to 30 percent greater complexity

# CONSENSUS RECOMMENDATION ATTACHMENT

**90830**

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Assessment of emotional functioning and personality, and intellectual ability, in a 23 year old female with an eating disorder and depression, admitted to the hospital following a suicide attempt. The patient has a history of stormy interpersonal relationships, academic failure, and poor compliance with psychotherapy. Patient lives at home with her parents. Her oldest brother has been recently diagnosed with schizoaffective disorder. (You have already clinically interviewed the patient and her mother to obtain relevant history.)

Pre-Service Work involves review of prior psychiatric treatment records and medical records, and the planning of appropriate standardized testing procedures for assessment of personality and intellectual functioning. (eg, Rorschach Inkblot Test, Minnesota Multiphasic Personality Inventory-2, Wechsler Adult Intelligence Scale-Revised, etc.) Intra-Service Work includes the administration of assessment procedures and clinical observations of the patient's behavior during the actual formal testing process. Post-Service Work includes the scoring of test procedures, interpretation of the various tests separately and simultaneously, diagnostic formulation, development of treatment recommendations, and a written report of the patient history, behavioral observations, test findings and interpretation, diagnostic impression, and treatment recommendations.

KEY REFERENCE SERVICES

**CPT Code 90801** **2.24 RVW**

Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in leu of the patient.)

**CPT Code 90844** **1.76 RVW**

Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately to 50 minutes.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## CARDIOVASCULAR STRESS TESTING - TAB 12

The RUC recommendations are based on the survey median of .46 for the new code 93016 which describes the physician supervision only. Recognizing that the physician supervision of the service requires more effort than the separate interpretation and report component, the RUC is recommending a reduction in the value for the existing code 93018 (interpretation and report only) from .46 to .30. The combination of these two codes should equal the existing value assigned to the complete code 93015 (.76).

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommen-dation |
|---|---|---|---|---|---|
| | 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicyle exercise; continuous electrocardiographic monitoring, and/or pharmacologic stress, with physician supervision, with interpretation and report | | XXX | 0.76 (No Change) |
| AQ1 | •93016 | physician supervision only, without interpretation and report | new | XXX | .46 |
| AQ2 | 93018 | interpretation and report only | | XXX | .30 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AQ1 CPT Code: •9301X Global Period: XXX

CPT Descriptor: Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; physician supervision only, without interpretation and report

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 55 year old man presents with exertional chest pain. After brief cardiac history and limited examination, a baseline ECG is reviewed and blood pressure is measured. During exercise, patient status is assessed and cardiac rhythm is observed continuously, and the ECG is reviewed and blood pressure measured regularly. A decision is made to terminate exercise based on evaluation of patient appearance, symptoms, blood pressure, cardiac rhythm and other ECG findings, and these are observed throughout the recovery period.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, and/or pharmacological stress, with physician supervision, with interpretation and report | 0.76 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. | .40 |
| 99242 | Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. | 1.15 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

The creation of code to recognize the physician supervision of a patient undergoing a cardiac stress test represents a division of the complete code 93015, which has a physician work value of .76 RVUs. Although the technical advisory panel strongly believes that the complete service is undervalued, they also suggest that the physician supervision of the service requires more effort than the separate interpretation and report component of this service. Therefore, the technical advisory panel recommends that this new code be given a value of .46 and that the existing code 93018, interpretation and report only, be revised to have a value of .3 RVUs. Therefore, when these two codes are combined, as will be the case when cardiac stress testing is provided in a non-office setting, the work values will add up to the work involved in the same service when provided in a setting where the physician owns the equipment (93015).

Median Intra-Service Time: 38 min Low: 12 min High: 108 min

Median Pre-Service Time: 10 min Median Post-Service Time: 10 min

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## PATIENT DEMAND EVENT RECORDING - TAB 13

The RUC recommendation of .54 is based upon the comparison with code 93224. The physician work involved in 93224, review and interpretation of data from a 24-hour ambulatory monitor, is nearly identical to 93628 which includes reviewing an average 4-5 ECG strips transmitted by a patient per 30-day period of time.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recom-mendation |
|---|---|---|---|---|---|
| AR1 | 93268 | Patient demand single or multiple event recording with presymptom or postsymptom memory loop; includes transmission, physician review and interpretation, per 30 day period of time | revised | XXX | .54 |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AR1 CPT Code: 93268 Global Period: XXX

CPT Descriptor: Patient demand single or multiple event recording with presymptom or postymptom memory loop; includes transmission, physician review and interpretation, per 30 day period of time

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): The typical patient is a 56 year-old woman with mitral valve prolapse and multiple episodes of syncope and presyncope. Neurologic workup had been negative. The cardiac evaluation is essentially negative. Holter monitor studies have been negative for any malignant arrhythmias. Normal sinus rhythm is found with occasional premature ventricular contractions. The patient is given an Event Recording Device. This is applied by the patient and is patient activated when symptoms occur. At home, the patient experiences a presyncopal episode and activates the recorder. She then transmits the recording transtelephonically to a receiving center. Ventricular tachycardia is noted during the period of symptoms. Note: This device has memory, enabling it to record events prior to the symptoms, as well as during the symptoms. The patient can transmit at any time. The work includes time for patient training, receiving and transmitting and preparing strips, as well as the interpretation of the strips transmitted.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93268 | | |
| 93224 | Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation | 0.54 |
| 93733 | Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); telephonic analysis | 0.17 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

Typically, in a 30 day period, 4-5 ECG strips are transmitted by a patient. The physician work involved is nearly identical to that required to review the data from a 24-hour ambulatory monitor, which has a value of .54 RVUs. Therefore, the technical advisory panel recommends a value of .54 RVUs for this service, rather than the median survey value of 1.15 RVUs.

Median Intra-Service Time: 30 min Low: 5 min High: 90 min

Median Pre-Service Time: 30 min Median Post-Service Time: 15 min

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## ELECTROPHYSIOLOGY - TAB 14

The RUC is only recommending relative values for the electrophysiology codes in the pacemaker section at this time. The pacemaker codes were referred back to the specialty society for further study.

In evaluating these services, the RUC considered the overall procedures and how much work is done by the surgeon versus the work done by the cardiologist. For several of the revised codes in this section, the RUC recommends that the current value be maintained. Recommendations for the new codes generally reflect the survey results, but in evaluating the specialty recommendations the RUC also considered the following issues:

- Code 93624 has been revised to include induction of arrhythmia. The key reference service is 93618 which requires slightly less work than 93624, as it does not require placement of a catheter. It was noted that an electrophysiologic follow-up study without induction is rarely done. The RUC concluded that the addition of "including induction of arrhythmia" and the comparison to 93618 justified the increase in value to 4.92.

- New code 93641 is comparable to 93620, however, it does not require the physician to put in percutaneous catheters. The RUC evaluated the intra-service time of the service (120 minutes), which includes the programming of the device and measurements. 93641 also includes an additional level of complexity with multiple testing of the device to see if one can detect and delineate different arrhythmias. As many as 10-15 inductions may be used, which creates a high level of intensity and makes the procedure especially challenging.

- The RUC considered the group of codes described by revised code 93650 and the two new codes 93651 and 93652. Assuming the frequency of the three codes will now be 93650-25%, 93651-50%, and 93652-25%, the RUC computed work neutral recommendations for 93650 and the two new codes. 93651 and 93652 are very labor intensive and more complex procedures which represent new technology. Code 93651, which can be performed in a catheterization lab, has reduced the need for surgical ablation which has a much higher relative value.

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AS33 | •93619 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters; without induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610 amd 93612) | new | 000 | 9.00 |
| AS34 | 93620 | ~~Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, and~~ with induction of arrhythmia (This code is to be used when 93618 is combined with 93619) | revised | 000 | 11.87 (No Change) |
| AS35 | 93624 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia | revised | 000 | 4.92 |
| | 93631 | Intra-operative epicardial and endocardial ~~cardiac~~ pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction | revised | 000 | 7.78 (No Change) |
| AS38 | 93640 | Electrophysiologic evaluation of cardioverter-defibrillator leads (includes defibrillation threshold testing and sensing function) ~~system and/or device~~ at time of initial implantation or replacement; | revised | 000 | 3.61 (No Change) |
| AS39 | •93641 | with testing of cardioverter-defibrillator pulse generator | new | 000 | 8.60 |
| AS37 | •93642 | Electrophysiologic evaluation of cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) | new | 000 | 5.00 |
| AS40 | 93650 | Intracardiac catheter ablation of arteriovenous node function ~~or arrythmogenic focus or tract(s), including intracardiac mapping,~~ atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement | revised | 000 | 11.00 |
| AS41 | •93651 | Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination | new | 000 | 17.00 |
| AS42 | •93652 | for treatment of ventricular tachycardia | new | 000 | 18.50 |
| AS36 | 93737 | Electronic analysis of cardioverter/defibrillator only (interrogation, evaluation of pulse generator status); without reprogramming | revised | XXX | 0.46 (No Change) |

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# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS39 CPT Code: ●9364X Global Period: 000

CPT Descriptor: Electrophysiologic evaluation of cardioverter-defibrillator leads (includes defibrillation threshold testing and sensing function) ~~system and/or device~~ at time of initial implantation or replacement; with testing of cardioverter-defibrillator pulse generator

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): In addition to procedure described by code 93640, the ICD is implanted and the following is evaluated: Intracardiac electrocardiogram through the device; pacing lead impedance and pacing threshold during bradycardia and tachycardia using the ICD; evaluation of adequate sensing during sinus rhythm, during pacing for bradycardia, during induced ventricular tachycardia and ventricular fibrillation. Ventricular tachycardia is then induced with testing of adequate sensing and pacing/cardioversion termination of the ventricular tachycardia. Similarly, ventricular fibrillation is induced with sensing through the device and a shock delivered with the implanted device at an initial level that allows at least a 10 volt safety margin. Following defibrillation, the patch impedance is evaluated, the event counters are checked, the stored electrogram is evaluated, the event log is assessed and if all are adequate then final programming for pacing and sensing is achieved.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93620 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); | 11.87 |
| 93618 | Induction of arrhythmia by electrical pacing | 4.37 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

This new code is an expansion of code 93640 and now includes the EP evaluation of the lead system as well as the ICD device. This service is comparable to code 93620, which has a value of 11.87, but as this is conducted in the operating room, percutaneous catheters are not required, reducing the work value to a recommended 8.6 RVUs. A median total time required for this service is 4 hours and 15 minutes.

Median Intra-Service Time: 120 min Low: 45 min High: 480 min

Median Pre-Service Time: 75 min Median Post-Service Time: 60 min

Length of Hospital Stay: 5 days

Number & Level of Post-Hospital Visits: Level 3, 2 visits

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS42 CPT Code: •936X2 Global Period: 000

CPT Descriptor: Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 55 year old man presents with a history of coronary artery disease and recurrent, sustained ventricular tachycardia. An initial electrophysiologic study demonstrated inducible sustained ventricular tachycardia. Several electrode catheters are introduced through the femoral artery and vein and advanced into the right and left ventricles. Tachycardia is then initiated with programmed stimulation of the site of origin. Ablation is performed by connecting an energy source to the distal electrode of a catheter positioned at the site of origin of the tachycardia and energy is then delivered via the catheter tip. Programmed stimulation is repeated to confirm non-inducibility of ventricular tachycardia. Multiple sequences of mapping and ablation may be required to achieve success. The catheters are then removed and hemostasis achieved.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93650 | Intracardiac catheter ablation of arrhythmogenic focus or tract(s), including intracardiac mapping, with or without temporary pacemaker placement | 15.55 |
| 93622 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); with left ventricular recordings, with or without pacing | 13.05 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

Of the three ablation services being established with the division of the existing code 93650 (RVU of 15.55), this is the most complex and requires the greatest physician work effort. The identification of ventricular pathways also requires that the patient be induced into life-threatening arrhythmias multiple times. This substantially increases the patient's exposure to risk as well as the physician's mental effort and stress. The median intra-service work time is 6 hours, but may be as long as 14 hours in complex cases with multiple pathways. This service also has the highest risk of death (3-5 percent). A median value of 20.0 is recommended for code 936X2.

Median Intra-Service Time: 300 min Low: 120 min High: 840 min

Median Pre-Service Time: 120 min Median Post-Service Time: 60 min

Length of Hospital Stay: 3 days

Number & Level of Post-Hospital Visits: Level 3, 2 visits

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS36 CPT Code: ●937X1 Global Period: 000

CPT Descriptor: Electronic analysis of cardioverter/defibrillator only (interrogation, evaluation of pulse generator status); without reprogramming

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 58 year old man with spontaneous and electrically inducible ventricular tachycardia has undergone previous insertion of an implantable cardioverter-defibrillator due to the presence of drug resistant arrhythmia. In follow-up analysis the device is interrogated to determine the number of defibrillator shocks delivered, the associated shock impedance and interrogation of the number of spontaneous and/or pace-terminated episodes of arrythmia. Where appropriate, capacitors are reformed and charge-times assessed.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93737 | Electronic analysis of cardioverter/defibrillator; without reprogramming | .46 |
| 93738 | Electronic analysis of cardioverter/defibrillator; with reprogramming | .94 |
| 93734 | Electronic analysis of single-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); without reprogramming | .38 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

The technical advisory panel recommends that the RVU for this service remain at .46, as the language change was editorial rather than clinically substantive.

Median Intra-Service Time: 15 min Low: 10 min High: 30 min

Median Pre-Service Time: 10 min Median Post-Service Time: 6 min

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS33 CPT Code: ●9361X Global Period: 000

CPT Descriptor: Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters; without induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, and 93612)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 62 year old man presents with Mobitz II heart block on Holter and symptoms of syncope. Following injection of local anesthetic, multiple electrode catheters are inserted on the heart from the venous site. Right atrial pacing and recording, HIS bundle recording with ventricular pacing and recording are performed. At the conclusion of the test, the catheters are withdrawn and hemostasis is obtained. The patient is observed overnight and is dismissed the next day.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93620 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); | 11.87 |
| 93618 | Induction of arrhythmia by electrical pacing | 4.37 |
| 93550 | Combined right and left heart catheterization, selective coronary angiography, one or more coronary arteries, and selective left ventricular angiography; with selective visualization of bypass graft (this code number is to be used when procedure 93549 is combined with procedure 93551) | 6.93 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

This service is nearly identical to code 93620, which has a value of 11.87, with the exception that the new code does not include the induction of arrhythmias. The technical advisory panel agreed that the median value of 9.0 is appropriate, representing a reduction of the approximate intraservice work value of code 93618 of 2.87.

Median Intra-Service Time: 90 min Low: 35 min High: 480 min

Median Pre-Service Time: 60 min Median Post-Service Time: 53 min

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: Level 2, 1 visit

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS34 CPT Code: 93620 Global Period: 000

CPT Descriptor: Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, HIS bundle recording, including insertion and repositioning of multiple electrode catheters; with induction of arrhythmia (This code is to be used when 93618 is combined with 93619)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 70 year old man with prior myocardial infarction presents with syncope. Following injection of local anesthetic, multiple electrode catheters are positioned in the heart from the venous site. Right atrial pacing and recording and ventricular pacing and recording are performed with induction of ventricular tachycardia.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93620 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); | 11.87 |
| 93621 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); with left atrial recordings from coronary sinus or left atrium, with or without pacing | 12.97 |
| 93549 | Combined right and left heart catheterization, selective coronary angiography, one or more coronary arteries, and selective left ventricular angiography; (this code number is to be used when procedure 93547 is combined with right heart catheterization) | 6.64 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

The technical advisory panel recommends that the RVU for this service remain at 11.87, as the language change was editorial rather than clinically substantive.

Median Intra-Service Time: 120 min Low: 60 min High: 540 min

Median Pre-Service Time: 60 min Median Post-Service Time: 60 min

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: Level 3, 1 visit

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS35 CPT Code: 93624 Global Period: 000

CPT Descriptor: Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 62 year old man with recurrent ventricular tachycardia has undergone a comprehensive electrophysiologic study and is found to have inducible ventricular tachycardia. He is begun on anti-arrhythmic medication and two days later undergoes a follow-up electrophysiologic study to evaluate whether or not the arrhythmias have been suppressed.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93618 | Induction of arrhythmia by electrical pacing | 4.37 |
| 93624 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy | 4.16 |
| 93620 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); | 11.87 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

The technical advisory panel recommends that the median value of 4.92 be accepted. The revision of code 93624 (existing RVU is 4.16) indicates the addition of the work described in code 93618, induction of arrhythmia (RVU = 4.37), and therefore should be valued higher than code 93618.

Median Intra-Service Time: 60 min Low: 30 min High: 180 min

Median Pre-Service Time: 30 min Median Post-Service Time: 37.5 min

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: Level 3, 1 visit

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS38 CPT Code: 93640 Global Period: 000

CPT Descriptor: Electrophysiologic evaluation of cardioverter-defibrillator leads (includes defibrillation threshold testing and sensing function) ~~system and/or device~~ at time of initial implantation or replacement;

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 47 year old woman with a previous history of myocardial infarction presents with sustained ventricular tachycardia requiring transthoracic DC cardioversion. The surgeon implants epicardial leads and patches (or transvenous (nonthoracotomy) leads) which must be tested for accuracy, bradycardia sensing and pacing thresholds. Lead impedances are determined for bradycardia and antitachycardia pacing. The pulse generator may be implanted when pacing and sensing are adequate, lead impedance is acceptable, and defibrillation threshold have been determined to be adequate.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93640 | Electrophysiologic evaluation of cardioverter-defibrillator lead and/or device | 3.61 |
| 93618 | Induction of arrhythmia by electrical pacing | 4.37 |
| 33245 | Implantation of automatic implantable cardioverter-defibrillator pads, with or without sensing electrodes; | 12.88 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

The technical advisory panel recommends that a value of 3.61 be assigned to code 93640. Although the coding language change indicates an alteration in the clinical service, the median value calls for an approximate doubling of the existing value. The panel thinks this is inappropriate. Rather, a value of 3.61 more accurately reflects the work involved in this service.

Median Intra-Service Time: 90 min Low: 25 min High: 420 min

Median Pre-Service Time: 70 min Median Post-Service Time: 60 min

Length of Hospital Stay: 5.5 days

Number & Level of Post-Hospital Visits: Level 3, 2 visits

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS37 CPT Code: •937X2 Global Period: 000

CPT Descriptor: Electrophysiologic evaluation of cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 57 year old man with a previous history of sudden cardiac arrest due to ventricular fibrillation resistant to drug management is seven days status post cardioverter/defibrillator (ICD) implantation via a subcostal approach. After initial interrogation of the ICD device, the event counters are evaluated, along with the stored information. The device sensing and pacing thresholds are measured and reprogrammed as required. Several inductions and terminations of VT may be necessary. Finally, ventricular fibrillation is induced and adequacy of ICD termination of VF determined. This may require several inductions and terminations as well.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93640 | Electrophysiologic evaluation of cardioverter-defibrillator lead and/or device | 3.61 |
| 93624 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy | 4.16 |
| 93618 | Induction of arrhythmia by electrical pacing | 4.37 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

The technical advisory panel recommends the median value of 5.0 be accepted for code 937X2. This procedure requires a median total service time of two hours, and in some cases may require as much as 3.5 intra-service hours. This service was determined to be similar to code 93624, as it is newly described to include induction of arrhythmias, but is slightly more difficult working with the cardioverter-defibrillator mechanisms, warranting a value of 5.0.

Median Intra-Service Time: 60 min Low: 25 min High: 210 min

Median Pre-Service Time: 30 min Median Post-Service Time: 30 min

Length of Hospital Stay: 1 day

Number & Level of Post-Hospital Visits: Level 2, 1 visit

Other Data:

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS40 CPT Code: 93650 Global Period: 000

CPT Descriptor: Intracardiac catheter ablation of AV node function ~~or arrythmogenic focus or tract(s), including intracardiac mapping,~~ atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 60 year old man presents with chronic atrial fibrillation with a rapid ventricular response. Pre-service: clinic visit and informed consent. Intra-service: Temporary pacemaker is placed via a subclavian vein. One or two catheters are advanced through the femoral vein into the right heart. The HIS Bundle is identified and the catheter manipulated slightly proximal and posterior. Radiofrequency current is delivered to ablate AV conduction. Additional current may need to be delivered using a catheter from the femoral artery advanced retrogradely across the aortic valve to approach the left side of the septum. Post-service work: one hospital visit.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93650 | Intracardiac catheter ablation of arrhythmogenic focus or tract(s), including intracardiac mapping, with or without temporary pacemaker placement | 15.55 |
| 93620 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); | 11.87 |
| 93622 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); with left ventricular recordings, with or without pacing | 13.05 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

Ablation of the AV node to create complete heart block is slightly less work than the previous description of code 93650, which represented an array of ablation services. In fact, of the three ablation services being established with the division of the existing code 93650 (RVU of 15.55), this descriptor represents services of less complexity than the existing bundled code. The technical advisory panel agreed with the consensus panel's assessment that this service is very similar to code 93620, which has a work value of 11.87 RVUs. Therefore, a value of 12.0 RVUs is recommended for the revised code 93650.

Median Intra-Service Time: 120 min Low: 60 min High: 480 min

Median Pre-Service Time: 60 min Median Post-Service Time: 60 min

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: Level 3, 1 visit

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# SUMMARY OF SPECIALTY SOCIETY RECOMMENDATION

Tracking Number: AS41 CPT Code: •936X1 Global Period: 000

CPT Descriptor: Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia ~~includes~~ by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 25 year old woman presents with Wolff-Parkinson-White syndrome and recurrent supraventricular tachycardia. Pre-service: clinic visit and informed consent. Intra-service: Catheter introduced through subclavian vein to the coronary sinus. Three catheters introduced through the femoral vein to the right ventricle, HIS region and right atrium. Pacing and cardiac mapping is performed, the tachycardia is induced and the mechanism identified. At least one additional catheter is introduced for the ablation, which is placed at the site of the accessory connection for delivery of radiofrequency current. Post-ablation pacing is performed to confirm absence of the pathway. Post-service: 1-2 visits.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93650 | Intracardiac catheter ablation of arrhythmogenic focus or tract(s), including intracardiac mapping, with or without temporary pacemaker placement | 15.55 |
| 93622 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, and induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612, and 93618); with left ventricular recordings, with or without pacing | 13.05 |

## Relationship to Key Reference Service(s) and/or other Rationale for RVW Recommendation:

(Include all applicable elements of work in rationale; time; technical skill & physical effort; mental effort and judgement; and stress)

Of the three ablation services being established with the division of the existing code 93650 (RVU of 15.55), this is code represents the moderately complex portion of the previous code and requires significantly more physician work effort than revised code 93650. Identification and location of the AV pathways requires substantial time and requires intensive physician effort. The median intra-service time is 4.75 hours, but complex cases can take as long as 13 hours to complete. The median value of 18.5 RVUs is therefore recommended.

Median Intra-Service Time: 285 min Low: 150 min High: 780 min

Median Pre-Service Time: 120 min Median Post-Service Time: 60 min

Length of Hospital Stay: 2 days

Number & Level of Post-Hospital Visits: Level 2, 2 visits

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES - TAB 31

The RUC recommendations for the three new codes for non-invasive vascular diagnostic studies are based on several considerations, including the survey data obtained from more than 50 interventional radiologists, radiologists, and cardiologists; the current values assigned to the deleted codes 93920 and 93921; and the source of these current values. Even though these deleted codes were considered in HCFA's refinement process, the assigned values are not based on a survey of physicians providing the services, and the RUC found the survey data and the specialties' arguments sufficiently compelling that it believes some increase is warranted. The RUC recommendations use the current value of .41 for deleted code 93921 as a base value for new code 93922. Values for new codes 93923 and 93924 are based on the relationships identified in the survey. All three recommended values (.41, .78, and .85) are substantially lower than the survey medians and recommendations presented to the RUC by the specialties (.60, 1.14, and 1.24). Additional information on these services is included in Tab 31.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| | 93920 | ~~Non-Invasive physiologic studies of extremity arteries, bilateral, with or without exercise (eg, segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signal(s)) upper extremity arteries~~ | deleted | XXX | N/A |
| | 93921 | ~~lower extremity arteries~~<br><br>(93920, 93921 have been deleted. To report, see 93922-93924) | deleted | XXX | N/A |
| AU1 | •93922 | Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement) | new | XXX | 0.41 |

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| | | | | | |
|---|---|---|---|---|---|
| AU2 | •93923 | Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia) | new | XXX | 0.78<br>(AU1 x 1.90) |
| AU3 | •93924 | Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study | new | XXX | 0.85<br>(AU1 x 2.07) |
| | 93875 | Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler | revised | XXX | .22<br>(No Change) |
| | 93965 | Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compressions and other maneuvers, phleborheography, impedance plethysmography) | revised | XXX | .35<br>(No Change) |

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## Code 939X1

This physiologic examination of the status of the extremity arteries is performed bilaterally in order to assess the blood flow Typically the physician will take a brief history and physically examine the extremities He will then measure systolic blood pressure at a single level (usually the feet or hands) bilaterally. A systolic blood pressure in a normal extremity will also be measured and used for computation of a systolic pressure ratio between the affected limb and normal limb pressure. Doppler wave forms will also be recorded and analyzed, some physicians will also measure transcutaneous oxygen tension. Total average service time in our 51 surveyed physicians is 20 - 25 minutes.

## Code 939X2

This noninvasive study is performed bilaterally and is a complete evaluation of blood flow This is the most commonly performed examination for workup of occlusive vascular disease of the extremities and involves a significant amount of work Typically, the physician will take a brief history and examine the extremities after which systolic pressures are measured at rest (or after provocative tests such as exercise, reactive hyperemia or cold stimulation) 4 or 5 levels are analyzed bilaterally along with pressures in a normal or unaffected extremity. Systolic pressure ratios are computed and in virtually all cases Doppler wave forms are recorded and analyzed; many physicians will include transcutaneous oxygen tension measurements Total average service time in our 50 surveyed physicians is 50 minutes

## Code 939X3

This extensive noninvasive study essentially involves performing the maneuvers described for 939X2 twice, once at rest and a second time after treadmill stress testing The examination thus is approximately twice as involved and also demands physician monitoring of a patient who typically has advanced vascular disease including coexistent coronary artery disease during a treadmill test Average service time in our 49 surveyed physicians was 75 minutes

As a final note I would point out that many of the services reported under old codes 93920 and 93921 were simple bedside evaluations of a single arterial level with a hand-held Doppler probe usually taking about 5 minutes of physician time and typically never involved detailed Doppler wave form analysis, measurement of systolic pressure ratios or the use of provocative testing

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: AU1 CPT Code: •939X1 Global Period: XXX

CPT Descriptor: Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (e.g. ankle/brachial indices, Doppler wave form analysis, volume plethysmography, transcutaneous oxygen tension measurement)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 65 year old man, status-post left femoral angioplasty, complains of increasing recurrent claudication. There is diminished posterior tibial pulse. Ankle/brachial indices are obtained to compare with the immediate post-procedure ankle/brachial indices.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93880 | Duplex scan of extracranial arteries; complete bilateral study | 0.62 |
| 93224 | Electrocardiographic monitoring for 24 hours by continuous original ECG wave form recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation | 0.54 |
| 93965 | Non-invasive physiologic studies of extremity veins, bilateral, (e.g., continuous Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phleborheography, impedance plethysmography, quantitative photoplethysmography) | 0.35 |
| 76805 | Echography, pregnant uterus, B-scan and/or real time with image documentation, complete (complete fetal and maternal evaluation) | 1.01 |

Relationship to Key Reference Service(s):

This noninvasive study is performed in both upper or lower extremities and typically includes measurement of systolic pressures at a single level (with computation of ankle/brachial indices) bilaterally and recording and analysis of Doppler wave forms with or without measurement of transcutaneous oxygen tension. The procedure is equivalent in work to a duplex scan of extracranial arteries (code 93880, RVW 0.62).

# SURVEY DATA

[Tracking number AU11

**SPECIALTY :** Cardiology

Median Intra-Service Time: 15 min Low: 15 min High: 20 min

Median Pre-Service Time: 15 min Median Post-Service Time: 15 min

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data:

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**SPECIALTY:** Radiology

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits: n/a

Other Data: Median total procedure time: 20 minutes; Low total procedure time: 10 minutes; High total procedure time: 60 minutes

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**SPECIALTY :** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 15 min. Low: 3 min. High: 45 min.

Median Pre-Service Time: 5 min. Median Post-Service Time: 5 min.

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: AU2 CPT Code: •939X2 (new) Global Period: XXX

CPT Descriptor: Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (e.g., segmental blood pressure measurements, segmental Doppler wave form analysis, segmental volume plethysmography, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 30 year old woman complains of cold, painful fingers, especially during Winter months. Her fingers are pale with slow capillary refill. Upper extremity arterial Doppler studies and segmental volume plethysmography with cold stimulation is performed.

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93880 | Duplex scan of extracranial arteries; complete bilateral study | 0.62 |
| 93965 | Non-invasive physiologic studies of extremity veins, bilateral, (e.g., continuous Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phleborheography, impedance plethysmography, quantitative photoplethysmography) | 0.35 |
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous ECG monitoring, and/or pharmacological stress, with physician supervision, with interpretation and report | 0.76 |
| 93732 | Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); with reprogramming | 0.67 |
| 76856 | Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete | 0.71 |
| 93920 | Non-invasive physiologic studies of extremity arteries, bilateral, with or without exercise (e.g., segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals); upper extremity arteries | 0.31 |

Relationship to Key Reference Service(s):

This noninvasive study is performed in both lower and upper extremities and is a complete evaluation and measurement of blood flow. Typically, systolic pressures are measured at 4 or 5 levels bilaterally (with computation of ankle/brachial indices) along with recording and analysis of Doppler wave forms and/or transcutaneous oxygen tension. The procedure is approximately twice the work of a duplex scan of the extracranial arteries (code 93880, RVW 0.62).

# SURVEY DATA

[Tracking number AU2]

**SPECIALTY :** Cardiology

Median Intra-Service Time: 45 min Low: 30 min High: 45 min

Median Pre-Service Time: 30 min Median Post-Service Time: 15 min

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data:

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**SPECIALTY :** Radiology

Median Intra-Service Time: _____ Low: _____ High: _____

Median Pre-Service Time: _____ Median Post-Service Time: _____

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: n/a

Other Data: Median total procedure time: 35 minutes; Low total procedure time: 15 minutes; High total procedure time: 75 minutes

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**SPECIALTY:** Cardiovascular and Interventional Radiology

Median Intra-Service Time. 30 min. Low: 1 min. High: 1hr. 5 min.

Median Pre-Service Time: 10 min. Median Post-Service Time: 10 min.

Length of Hospital Stay: _____

Number & Level of Post-Hospital Visits: _____

Other Data: _____

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: AU3 CPT Code: •939X3 (new) Global Period: XXX

CPT Descriptor: Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient): A 60 year old man with diabetes presents with calf pain after walking two blocks. Pain is relieved with cessation of walking There are palpable but diminished dorsalis pedal pulses bilaterally. Lower extremity arterial Doppler and segmental volume plethysmography at rest and after treadmill exercise are performed

## KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 93880 | Duplex scan of extracranial arteries, complete bilateral study | 0.62 |
| 93965 | Non-invasive physiologic studies of extremity veins, bilateral, (e.g , continuous Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phleborheography, impedance plethysmography, quantitative photoplethysmography) | 0.35 |
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous ECG monitoring, and/or pharmacological stress, with physician supervision, with interpretation and report | 0 76 |
| 93921 | Non-invasive physiologic studies of extremity arteries, bilateral, with or without exercise (e.g , segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals), lower extremity arteries | 0 41 |
| 93350 | Stress echo | 1.56 |
| 76856 | Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation, complete | 0 71 |
| 93920 | Non-invasive physiologic studies of extremity arteries, bilateral, with or without exercise (e g , segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals); upper extremity arteries | 0.31 |

Relationship to Key Reference Service(s):

This service essentially includes two complete studies (as described in AU2) which are conducted at rest and after treadmill exercise. The service is more difficult and includes physical monitoring of a patient with cardiovascular disease as well as significant service before and after the stress test, however, the study is not as complex as stress echocardiography (code 93350, RVU 1.56) The risk to the patient necessitates physician participation and the physical impairment of the typical patient increases iatrogenic risk

## SURVEY DATA

**[Tracking number AU3]**

**SPECIALTY :** Cardiology

Median Intra-Service Time: 45 min Low: 30 min High: 60 min

Median Pre-Service Time: 20 min Median Post-Service Time: 15 min

Length of Hospital Stay: n/a

Number & Level of Post-Hospital Visits: n/a

Other Data:

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**SPECIALTY :** Radiology

Median Intra-Service Time: Low: High:

Median Pre-Service Time: Median Post-Service Time:

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data: Median total procedure time: 30 min; Low total procedure time: 15 min; High total procedure time: 90 min

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**SPECIALTY :** Cardiovascular and Interventional Radiology

Median Intra-Service Time: 45 min. Low: 5 min. High: 1 hr. 30 min.

Median Pre-Service Time: 10 min Median Post-Service Time: 10 min.

Length of Hospital Stay:

Number & Level of Post-Hospital Visits:

Other Data:

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## POLYSOMNOGRAPHY - TAB G

The RUC considered the recommendations for the new polysomnography series to be a straight unbundling of the deleted parent code, 95828. The three new codes reflect a change in the diagnostic procedures for sleep disorders. The series essentially replaces the high-end of the old services.

The recommendations reflect the consensus of neurologists, pulmonologists, psychiatrists, and physicians specializing in sleep disorders. Frequencies and weighted averages were used in the calculation of the RVU for each code:

| | |
|---|---|
| 95807 | 1.70 RVW with an expected frequency of 37% |
| 95808 | 2.71 RVW with an expected frequency of 14% |
| 95810 | 3.61 RVW with an expected frequency of 49% |

The weighted mean of these recommendations is 2.78 which is slightly less than the current value of 2.79 for the deleted polysomnography code 95828.

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| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recom-mendation |
|---|---|---|---|---|---|
| Sleep studies and polysomnography refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep for six or more hours with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate patients' responses to therapies such as nasal continuous positive airway pressure (NCPAP) therapy. Polysomnography is distinguished from sleep studies by the inclusion of sleep staging which is defined to include a 1-4 lead electoencephalogram (EEG), an electro-oculogram (EOG), and a submental electomyogram (EMG). Additional parameters of sleep include: 1) ECG; 2) airflow; 3) ventilation and respiratory effort; 4) gas exchange by oximetry, transcutaneous monitoring, or end tidal gas analysis; 5) extremity muscle activity; motor activity-movement; 6) extended EEG monitoring; 7) penile tumescence; 8) gastroesophageal reflux; 9) continuous blood pressure monitoring; 10) snoring; 11) body positions; etc..<br><br>For a study to be coded as polysomnography, sleep must be recorded and staged.<br><br>(Report with -52 modifier if less than 6 hours of recording or in other cases of reduced services as appropriate)<br><br>(For unattended sleep study/polysomnography, use 94799) | | | | | |
| | 95828 | ~~Polysomnography (recording, analysis and interpretation of the multiple simultaneous physiological measurements of sleep~~<br><br>(95828 has been deleted. To report, see 95807, 95808, 95810) | deleted | XXX | N/A |
| BD1 | •95807 | Sleep study, 3 or more parameters of sleep other than sleep staging, attended by a technologist | new | XXX | 1.70 |
| BD2 | •95808 | Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist | new | XXX | 2.71 |
| BD3 | •95810 | sleep staging with 4 or more additional parameters of sleep, attended by a technologist | new | XXX | 3.61 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: BD1 CPT Code: •958X1 Global Period: XXX

CPT Descriptor: Sleep study, 3 or more parameters of sleep other than sleep staging, attended by a technologist

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Elderly Non-Ambulatory male noted by his wife to snore and stop breathing in sleep, undergoes a study at home, attended by a technologist, using a portable recording device, with recording for 7-8 hours of airflow, respiratory effort, oximetry and ECG.

Describe any Specialty Differences In the Description of the Typical Patient:

NONE

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 95828 | Polysomnography; recording, analysis and interpretation of the multiple physiological parameters of sleep. | 2.79 |

Relationship to Key Reference Service(s):

RVW is 60% of that for 95828

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT

NEW SLEEP/POLYSOMNOGRAPHY CODES AND PHYSICIAN WORK

Code 95811

CPT Descriptor: Sleep study, 3 or more parameters of sleep other than sleep staging, attended by a technologist.

Typical service/patient: Elderly non-ambulatory male noted by his wife to snore and stop breathing in sleep, undergoes a study at home, attended by a technologist, using a portable recording device, with recording for 7-8 hours of airflow, respiratory effort, oximetry and ECG.

Time: Time required (including pre-service, intra-service and post-service) is 45 min. In addition, the physician has to be available for supervision through the night while the recording is taking place. There is also supervision of technologists necessary to ensure they hook-up and calibrate properly, make good quality recordings, and know when to intervene and how to score the record for physician review.

Mental effort and judgment: Review of the record is of low complexity. The record can be compressed into about 120-160 pages. The ECG is often stored and displayed as heart rate, not the actual wave-form. The review focuses on decrease in or absence of airflow along with absence or presence of respiratory effort, changes in oxygen saturation, and changes in heart rate. No correlation with [redacted]ence or stage of sleep is required. Identification of types or abnormal ECG wave-forms is not required.

Technical Skill and Physical Effort: Basic technical expertise in recognition of decrease or absence in respiratory airflow and respiratory effort is required. Basic technical expertise in evaluating changes in oxygen saturation and heart rate is also required. Physical effort is low, with review of 120-160 pages.

Stress associated with concern about iatrogenic risk: is low. If a conclusive interpretation is in doubt, a polysomnography with 4 or more additional parameters can be ordered.

Expected Frequency: This code should account for 37% of all sleep studies and polysomnographies.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: BD2 CPT Code: •958X2 Global Period: XXX

CPT Descriptor: Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Elderly male with previously confirmed diagnosis of Narcolepsy, and no other significant sleep disorders, who was recently started on stimulant treatment, Undergoes Polysomnography with recording for 7-8 hours of 1-4 Lead EEG, Submental EMG and EOG for sleep staging, and ECG, while attended by a technologist, on the night before a repeat MSLT for evaluation of control of somnolence.

Describe any Specialty Differences In the Description of the Typical Patient:

NONE

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 95828 | Polysomnography; recording, analysis and interpretation of the multiple physiological parameters of sleep. | 2.79 |

Relationship to Key Reference Service(s):

RVW is 100% of that for 95828

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT

NEW SLEEP/POLYSOMNOGRAPHY CODES AND PHYSICIAN WORK

Code 958x2

CPT Descriptor: Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist.

Typical Service/Patient: Elderly male with previously confirmed diagnosis of narcolepsy, and no other significant sleep disorders, who was recently started on stimulant treatment, undergoes polysomnography with recording for 7-8 hours of 1-4 lead EEG, submental EMG and EOG for sleep staging, and ECG, while attended by a technologist, on the night before a repeat MSLT for evaluation of adequacy of control of somnolence.

Time: Time required (including pre-service, intra-service and post-service) is 60 min. In addition, the physician has to be available for supervision through the night while the recording is taking place. There is also supervision of technologists necessary to ensure they hook-up and calibrate properly, make good quality recordings, and know when to intervene and how to score the record for physician review.

Mental effort and judgment: Review of the record is of medium complexity. The record to be reviewed takes up about 720-960 pages with at least four channels of recording on each page. The review focuses on presence or absence of sleep, staging of each 30 sec [redacted]h of sleep, presence of abnormalities in sleep such as arousals, abnormal spindles, abnormalities of motor control in REM and NREM sleep. Correlation of EOG, EEG and submental EMG is required for sleep staging. However, correlation with respiratory abnormalities is not required. ECG is recorded basically to assure patient safety, and correlation with sleep stages is usually not required.

Technical Skill and Physical Effort: Complex technical expertise in recognition of EOG, EEG and EMG patterns and their correlation in staging of sleep is required. Basic technical expertise in evaluating the presence of abnormal ECG waveforms is required. Physical effort is medium, with manual review of 720-960 pages.

Stress associated with concern about iatrogenic risk: is low. If a conclusive interpretation is in doubt, a polysomnography with 4 or more additional parameters can be ordered.

Expected Frequency: This code should account for 14% of all sleep studies and polysomnographies.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: BD3 CPT Code: •958X3 Global Period: XXX

CPT Descriptor: Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Elderly male presents with complaints of heavy snoring and daytime sleepiness, and undergoes polysmongraphy, with recording for 7-8 hours of 1 to 4 channel EEG, EOG, and submental EMG for sleep staging,a nd ECG, airflow, respiratory effort, oximetry and extremity muscle activity while attended by a technologist, to determine the severity and confirm the diagnosis of obstructive sleep apnea syndrome, and to look for other sleep disorders that may be contributing to the daytime sleepiness.

Describe any Specialty Differences In the Description of the Typical Patient:

NONE

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 95828 | Polysomnography; recording, analysis and interpretation of the multiple physiological parameters of sleep. | 2.79 |

Relationship to Key Reference Service(s):

RVW is 130% of that for 95828

RATIONALE FOR CONSENSUS RECOMMENDATION: (Include all applicable elements of work in rationale: time; technical skill & physical effort; mental effort and judgement; and stress)

SEE ATTACHMENT

Code 958x1

CPT Descriptor: Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist.

Typical Service/Patient: Elderly male presents with complaints of heavy snoring and daytime sleepiness, and undergoes polysomnography, with recording for 7-8 hours of 1 to 4 channel EEG, EOG, and submental EMG for sleep staging, and ECG, airflow, respiratory effort, oximetry and extremity muscle activity while attended by a technologist, to determine the severity and confirm the diagnosis of obstructive sleep apnea syndrome, and to look for other sleep disorders that may be contributing to the daytime sleepiness.

Time: Time required (including pre-service, intra-service and post-service) is 75 min. In addition, the physician has to be available for supervision through the night while the recording is taking place. There is also supervision of technologists necessary to ensure they hook-up and calibrate properly, make good quality recordings, and know when to intervene and how to score the record for physician review.

Mental effort and judgment: Review of the record is of high complexity. The record to be reviewed takes up about 720-960 pages at least eight channels of recording on each page. The review focuses on presence or absence of sleep, staging of each 30 sec epoch of sleep, presence of abnormalities in sleep such as arousals, abnormal spindles, abnormalities of motor control in REM and NREM sleep. Correlation of EOG, EEG and submental EMG is required for sleep staging. The review additionally focuses on decrease in or absence of airflow along with absence or presence of respiratory effort, changes in oxygen saturation, and changes in heart rate. Then, correlation of these abnormalities with presence or stage of sleep is required. Identification of types or abnormal ECG wave-forms is also required, along with correlation of these abnormalities with sleep stages and respiratory disturbances. The study is definitive, and if the conclusion is in doubt, a judgment about abnormality and its treatment and prognostic implications is required anyway.

Technical Skill and Physical Effort: Highly complex technical expertise in recognition of EOG, EEG and EMG patterns and their correlation in staging of sleep, respiratory abnormalities and their correlation with sleep stages, and cardiac rhythm abnormalities and their correlation with sleep stages and respiratory abnormalities, is required. Physical effort is high, with two to three manual reviews (sleep stage data, cardio-respiratory data, and their correlation) of 720-960 pages.

Stress associated with concern about iatrogenic risk: is medium. If a conclusive interpretation is in doubt, a higher level of service cannot be ordered, and a conclusion must be made anyway with available information.

Expected Frequency: This code should account for 49% of all sleep studies and polysomnographies.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## NEUROPSYCHOLOGICAL TESTING - TAB H

The RUC recommendations are based on a downward adjustment of survey results from more than 50 neurologists and clinical psychologists to better reflect the relationship between the revised codes and the key reference services 90801, 90844, 99204, and 99244. The neurobehavioral status exam (95882) and neuropsychological testing battery (95883) are considered approximately 10% more work than assessment of aphasia (95880) or development testing (95881). It was also noted that the time required for the interpretation and report might be subsequent to the hour of development testing.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| PP1 | 95880 | Assessment ~~of higher cerebral function with medical interpretation; aphasia testing,~~ of aphasia ( includes assessment of expressive and receptive speech and language function, including language comprehension, speech production ability, reading, spelling, writing, eg, Boston Diagnostic Aphasia Examination) with interpretation and report, per hour | revised | XXX | 2.00 |
| PP2 | 95881 | Development testing (includes assessment of motor, language, social, adaptive, and/or cognitve functioning by standardized developmental instruments eg, Bayley Scales of Infant Development) with interpretation and report, per hour | revised | XXX | 2.00 |
| PP3 | 95882 | ~~cognitive testing and others~~<br><br>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement eg, acquired knowledge attention, memory, visual spacial abilities, language functions, planning) with interpretation and report, per hour | revised | XXX | 2.20 |
| PP4 | 95883 | Neuropsychological testing battery (eg, Halstead-Reitan, LURIA, WAIS-R) with report, per hour | | XXX | 2.20 |

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: PP1 CPT Code: 95880 Global Period: ZZZ

CPT Descriptor:

Assessment ~~of higher cerebral function with medical interpretation; aphasia testing,~~ of aphasia ( includes assessment of expressive and receptive speech and language function, including language comprehension, speech production ability, reading, spelling, writing, eg, Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See Attachment

Describe any Specialty Differences In the Description of the Typical Patient:

None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| See Attachment | | |

Relationship to Key Reference Service(s):

CPT Code 95880

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

A 45 year old male who is 3 months status post CVA in the distribution of the left middle cerebral artery. A careful language evaluation is required to determine the nature and extent of aphasia deficits and to make recommendations for rehabilitation. This code includes work in addition to and separate from the neurological evaluation.

Pre-service work involves review of medical records as necessary for the planning of appropriate standardized assessment procedures for aphasia. (e.g. Boston Diagnostic Aphasia Examination).
Intra-service work includes the administration of assessment procedures and clinical observations of the patient's behavior during the actual testing process.
Post-service work includes the scoring of the test procedures, interpretation of the various test findings, diagnostic formulation, development of treatment recommendations, and a written report of the patient history, behavioral observations, test findings and interpretation, diagnostic impression, and recommendations.

KEY REFERENCE SERVICES

CPT Code 90801

Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of the patient.)

CPT Code 90844

Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately to 50 minutes.

CPT Code 99204

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

CPT Code 99244

Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: PP2 CPT Code: 95881 Global Period: XXX

CPT Descriptor:

*Development testing, assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments (eg, Bayley Scales of Infant Development) with interpretation and report, per hour*

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Development testing (includes assessment of motor, language, social, adaptive, and/or cognitve functioning by standardized developmental instruments eg, Bayley Scales of Infant Development) with interpretation and report, per hour

See Attachment

Describe any Specialty Differences In the Description of the Typical Patient:

None

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|

See Attachment

Relationship to Key Reference Service(s):

95881

Clinical Description of Service (including pre-, intra-, and post-service work, and typical patient):
Assessment of the developmental status of a three year old girl with spastic diplegia who has no language, to determine an early intervention plan (placement in preschool for children with developmental delays). A neurological evaluation of the child has already been performed and a clinical interview with the child's mother preceded the decision for developmental testing. This code includes work in addition to and separate from the neurological evaluation.

Pre-service work involves review of medical records as necessary for the planning of appropriate standardized developmental assessment procedures. (e.g. Minnesota Child Development Inventory, Bayley Scales of Infant Development, or Battelle Child Development Scale).

Intra-service work includes the administration of assessment procedures and clinical observation of the child's behavior during the actual testing process.

Post-service work includes the scoring of the test procedures, interpretation of the various tests separately and simultaneously, development of treatment plans and recommendations, and a written report of the patient history, behavioral observations, test findings, interpretation, diagnostic impression, and recommendations.

KEY REFERENCE SERVICES

CPT Code 90801

Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of the patient.)

CPT Code 90844

Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately to 50 minutes

CPT Code 99204

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or fam-il-

CPT Code 99244

Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: PP3 CPT Code: 95882 Global Period: XXX

CPT Descriptor:

~~cognitive testing and others~~

Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement eg, acquired knowledge attention, memory, visual spacial abilities, language functions, planning) with interpretation and report, per hour

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See Attachment

Describe any Specialty Differences In the Description of the Typical Patient:

None

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|

See Attachment

Relationship to Key Reference Service(s):

CPT Code 95882

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

Neurobehavioral clinical evaluation of a 72 year old, widowed, white, female, with relatively recent onset of gait disturbance, urinary incontinence, and severe memory impairment. Memory deficits have been noted for at least a year, but apparently there has more rapid decline over past several months. Cysternography is unremarkable for normal pressure hydrocephalus, but ventricles are enlarged, and mild cortical atrophy is present. Evaluation requested in effort to assess if patient appears to have a global/degenerative dementia or if pattern of cognitive deficits is more consistent with NPH, prior to shunting procedure. The patient is seen at bedside in a medical hospital and is not ambulatory due to gait disturbance. This code includes work in addition to and separate from the neurological evaluation.

Pre-service work involves review of medical records in preparation for evaluation process.
Intra-service work includes the clinical evaluation of memory, attention/concentration, motor speed and strength, speed of mental processing, language functions, visual-spatial abilities, planning and judgement, etc., with hypothesis testing Lurian methodology, expanded mental status interview, and selected items from formal psychological test.
Post-service work includes the interpretation of the evaluation findings, formulation of diagnostic impression and recommendations, verbal consultation with referral source, and written report of the evaluation.

KEY REFERENCE SERVICES

CPT Code 90801

Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of the patient.)

CPT Code 90844

Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately to 50 minutes

CPT Code 99204

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

CPT Code 99244

Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

# AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
# CONSENSUS RECOMMENDATION

Tracking Number: PP4 CPT Code: 95883 Global Period: XXX

CPT Descriptor:

*Neuropsychological testing battery (eg, Halstead-Reitan, LURIA, WAIS-R) with report, per hour*

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

See Attachment

Describe any Specialty Differences In the Description of the Typical Patient:

**KEY REFERENCE SERVICE(S):**

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| See Attachment | | |

Relationship to Key Reference Service(s):

CPT Code 95883

Clinical Description of Service (including pre-, intra-, and post-service work, and typical patient):

A 37 year old man is referred by his employers because of failure to perform his job adequately. One year ago, the patient was in an automobile accident and sustained a head injury. He returned to work after 3 months but his performance has been below his previous level. The neuropsychological evaluation provides information critical to distinguishing among several potential alternative explanations for the patient's changed behavior--depression, anxiety, traumatic brain injury with intellectual loss, post-traumatic personality alteration, hydrocephalus, subdural hematoma -- and determines the proper evaluation and treatment. This code includes work in addition to and separate from the neurological evaluation.

Pre-service work involves review of medical records for the planning of appropriate standardized neuropsychological assessment procedures. (e.g. Wechlser Adult Intelligence Scale-Revised, Wechsler Memory Scale-Revised, Halstead Reitan Neuropsychological Battery, Symbol Digit Modalities Test).

Intra-service work includes the administration of assessment procedures and clinical observation of the patient's behavior during the actual testing process.

Post-service work includes the scoring of the test procedures, interpretation of the various testes separately and simultaneously, diagnostic formulation, development of treatment recommendations, and a written report of the patient history, behavioral observations, test findings, and interpretation, diagnostic impression, and recommendations.

KEY REFERENCE SERVICES

CPT Code 90801

Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of the patient.)

CPT Code 90844

Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately to 50 minutes.

CPT Code 99204

Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

CPT Code 99244

Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

AMA SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATIONS
JULY 1993

## INTRALESIONAL CHEMOTHERAPY - TAB D

In evaluating the work involved in new codes 96405 and 96406, the RUC rejected the survey results obtained from dermatologists because the evaluation and management services provided to the patients had not been separated from the work involved in the administering the chemotherapy. The RUC thus recommends that these codes have the same value as the intralesional injections procedures described by codes 11900 and 11901 and that any separately identifiable evaluation and management services be separately reported.

| Tracking Number | CPT Code (• New) | CPT Descriptor | Coding Change | Global Period | RVW Recommendation |
|---|---|---|---|---|---|
| AY1 | •96405 | Chemotherapy administration, intralesional, up to and including 7 lesions | new | XXX | .54 |
| AY2 | •96406 | more than 7 lesions | new | XXX | .82 |

*CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.*

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AY1 CPT Code: •964X1 Global Period: XXX

CPT Descriptor: Chemotherapy administration, intralesional, up to and including 7 lesions

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

60 year-old female, well defined biopsy proven primary solid basal cell carcinoma of the nose, normal cardiac, liver and renal status.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 11900 | Injection, intralesional; up to and including seven lesions | 0.54 |
| 96542 | Chemotherapy injection, subarchnoid or intraventricular via subcutaneous reservoir, single or multiple agents | 1.46 |

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
CONSENSUS RECOMMENDATION

Tracking Number: AY2 CPT Code: •964X2 Global Period: XXX

CPT Descriptor: Chemotherapy administration, intralesional, more than 7 lesions

Clinical Description of Service (including pre-, intra- and post-service work, and typical patient):

65 year-old male with multiple biopsy proven primary superficial basal cell carcinoma of the torso. Patient is not a surgical candidate but otherwise has normal cardiac, renal and liver status.

KEY REFERENCE SERVICE(S):

| CPT Code | CPT Descriptor | RVW |
|---|---|---|
| 11901 | Injection, intralesional; more than seven lesions | 0.82 |
| 96542 | Chemotherapy injection, subarchnoid or intraventricular via subcutaneous reservoir, single or multiple agents | 1.46 |