

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR 2014 MFS
CMS REQUESTS**

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March 8, 2013

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Deputy Administrator
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Subject: RUC Recommendations

Dear Mr. Blum,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). The RUC is a committee of physician volunteers utilizing their first amendment right to petition CMS to consider a number of improvements to the Resource-Based Relative Value Scale (RBRVS). The RUC thanks CMS for the opportunity to submit these recommendations as a component of the RUC's consideration of services that were identified as potentially misvalued. Since these recommendations are not awaiting CPT publication, please feel free to publish these recommendations in proposed rulemaking, if you so desire, along with the previous potentially misvalued code recommendations for the MFS 2014, forwarded to the Agency on November 13, 2012.

January 2013 RUC Recommendations

The enclosed recommendations on twelve families of physician services result from the RUC's review of physicians' services from the January 24-27, 2013 meeting and address a number of screens, many specifically mentioned in the Affordable Care Act legislation including:

- Codes Reported Together
- CMS High Expenditure Procedural Codes
- CMS/Other Source - Utilization over 500,000
- Harvard-Valued Allowed Charges > \$10 mil
- MPC List
- Services with Stand-Alone Procedure Time

In addition to the submitted recommendations in the included binder, the RUC submits a status report on the potentially mis-valued code project. As a component of this effort, the RUC responds to CMS specific requests published in the Final Rule for the 2013 Medicare Physician Payment Schedule.

CMS Requests – Final Rule 2013

With specialty society input, the RUC reviewed the specific requests and recommends the following:

Implantation and Removal of Patient-Activated Cardiac Event Recorder
(33282 & 33284)

In the Final Rule for 2013 a requestor stated that CPT codes 33282 and 33284 are misvalued in the non-facility setting because these CPT codes currently are only priced in the facility setting even though physicians furnish these services in the office setting. The requestor asked that CMS establish appropriate payment for the services when furnished in a physician's office. Specifically, the requestor asked that CMS establish non-facility PE RVUs for these services. In the CY 2013 proposed rule, CMS stated that the Agency does not consider the lack of pricing in a particular setting as an indicator of a potentially misvalued code. However, given that these services are now furnished in the non-facility setting, CMS believes that CPT codes 33282 and 33284 should be reviewed to establish appropriate non-facility inputs. CMS proposed to review CPT codes 33282 and 33284 and requested recommendations from the AMA RUC and other public commenters on the appropriate physician work RVUs (as measured by time and intensity), and facility and non-facility direct PE inputs for these services.

The RUC disagreed with specialty society to maintain current values without further review. **The RUC recommends the societies survey for work and develop facility PE inputs for review at the April 2013 RUC meeting.**

Arteriovenous Anastomosis and Creation of Arteriovenous Fistula
(36818-36821, 36825 & 36830)

In the CY 2013 Proposed Rule, CMS stated that the Agency did not consider CPT codes 36819 and 36825 to be potentially misvalued because these codes were last reviewed and valued for CY 2012 and the supporting documentation did not provide sufficient evidence to demonstrate that the codes should be reviewed as potentially misvalued for CY 2013 or CY 2014. After reviewing the comments received and conducting a clinical review of CPT codes 36819 and 36825 alongside similar services, CMS agreed with the commenter that these services may be out of rank order and are potentially misvalued. CMS will review CPT codes 36819 and 36825 along with their code families, which include CPT codes 36818 through 36821 and CPT codes 36825 through 36830, as potentially misvalued. CMS requests additional comments on the appropriate physician work and direct PE inputs for these services.

The RUC agreed with the specialty society to survey work and develop PE inputs for review at the October 2013 RUC meeting. The specialty society indicated adding 36820 as well as it is part of this family of services.

Open and Thoracoscopic Surgeries
(32440, 32480, 32482, 32663, 32668, 32669, 32670, 32671, 32672, 32673, 60520, 60521 & 60522)

In the Final Rule for 2013, CMS is requesting the AMA RUC look at the incremental difference in RVUs and times between the open and laparoscopic surgeries and recommend a consistent valuation of RVUs and time for CPT code 32663 and other services within this family with this same issue.

The RUC agreed with the specialty society that "open thoracotomy" and "thoracoscopic" procedures have significant differences. These include differences in individual patient characteristics, disease processes and intraoperative work. **The RUC determined there is no consistent incremental difference attributable to the operative approach alone and there is no way to reliably determine an incremental difference from open thoracotomy to thoracoscopic procedures.**

CT Angiography-Abdomen and Pelvis
(72191, 74174 & 74175)

In the Final Rule for 2013, CMS stated that the Agency believes that when codes are bundled, the new codes should be reviewed along with their component codes to ensure consistency in RVUs and inputs. CMS believes there is an anomalous relationship between the physician times assigned to these services. CPT code 74174 describes computed tomographic angiography (CTA) of both the abdomen and pelvis together. This CPT code includes 5 minutes of pre-service time, 30 minutes of intraservice time, and 5 minutes of post-service time, which is in line with several other similar bundled CPT codes. CPT code 74175 describes CTA of the abdomen only, and includes 10 minutes of pre-service time, 30 minutes of intra-service time, and 10 minutes of post-service time. Similarly, CPT code 72191 describes CTA of the pelvis only, and includes 9 minutes of pre-service time, 30 minutes of intra-service time, and 10 minutes of post-service time. CMS does not believe that CTA of just the abdomen or just the pelvis should include more pre- and postservice time than the combined code. Also, while CMS believes furnishing the bundled code does not involve much more time than furnishing the stand-alone codes, the Agency finds it unlikely that the bundled service requires exactly the same intra-service time as the component services. CMS requests recommendations from the AMA RUC and other public commenters on the appropriate work and time values for these services.

The RUC disagreed with the specialty society that no action is needed. **The RUC recommends that this family of services be placed on the April 2013 RUC agenda to re-review the rationale and recommend changes to the times based on the new pre-service packages. The specialty societies will provide rationale for the full RUC to review.**

Fluoroscopic Guidance
(77001, 77002, 77003)

CPT code 77003 was identified through the CMS High Expenditure Procedural Codes screen and the RUC submitted recommendations for 2013. In the Final Rule for 2013, CMS indicated that the Agency will maintain the current work RVU of 0.60 for CPT code 77003. CMS indicated the Agency will review codes 77001 and 77002 with 77003 in 2013 for the 2014 Medicare Physician Payment Schedule and requests public comments on the appropriate work and time values for these services.

The RUC disagreed with the specialty societies that recommended no action. **The RUC recommends survey for work and develop PE inputs for 77001 and 77002 for review at the April 2013 RUC meeting. The RUC recently reviewed 77003 (January 2012) and will place it on the LOI so that the RUC may reaffirm this service with 77001 and 77002.**

Evoked Potentials and Reflex
(95925, 95926, 95928, 95929, 95938 & 95939)

In the Final Rule for 2013, CMS determined that there are valuation and time inaccuracies, both across the evoked potential study codes and relative to the new bundled codes. For example, for CPT codes 95925 and 95926, CMS does not believe that the correct intra-service time for CPT code 95938 can be the sum of the intra-service times of CPT codes 95925 and 95926, as CMS is confident that there efficiencies to be recognized when performing these services together. Given these anomalous relationships, CMS requests public comments on the appropriate work and time values for these services.

The RUC agreed with the specialty society that these codes represent two distinct families. The Workgroup reaffirmed that there was an error in the time file for 95938 and the correct times are 10 minutes pre, 20 minutes intra and 10 minutes post. After correcting this error the times for codes 95925, 95926, and 95938 are rational. For the second family, code 95939 was surveyed in April 2011. **The RUC recommends that codes 95928 and 95929 be resurveyed for work and develop PE inputs for April 2013.**

In situ Hybridization

(88365, 88367, 88368, 88120 & 88121)

For the NPRM for 2012, CMS received comments that unlike the new FISH codes for urinary tract specimens (88120 and 88121), the existing codes (88365-88368) still allow for multiple units of each code as these codes are reported per probe. CMS stated that they reviewed the current work and practice costs associated with 88120 and 88121 and agree at this time that they are accurate. However, the first 6 months of 2011 claims data were shared with the RUC and CMS requested that additional review of these data be considered to determine if further action is warranted. CMS requested that the RUC review both the direct PE inputs and the work values for codes 88365, 8367 and 88368. The RUC determined that these services should be tabled until January 2012 in order to review 2011 diagnosis data from CMS. In January 2012, the Relativity Assessment Workgroup reviewed 2011 diagnosis claims data and the American College of Pathologists indicated that they will develop a CPT Assistant article to direct physicians to use the new FISH codes for urinary tract infections (CPT codes 88120 and 88120). The Workgroup indicated that the specialty should specify the number of probes utilized for these services in the CPT Assistant article. The Workgroup recommended that it re-review codes 88365, 88367 and 88368 in 1 year after 2012 utilization is available (January 2013). The RUC agreed with the specialty society to maintain current values but also recommends reviewing 3 more years of data for CPT codes 88120 and 88121 to determine whether the appropriate utilization has shifted from 88365, 88367 and 88368 to these codes. **The RUC recommends resurveying the work and develop PE inputs for 88365, 88367 and 88368 for review at the April 2013 RUC meeting.**

Negative Pressure Wound Therapy

(G0456 & G0457)

In the Final Rule for 2013, CMS indicated the Agency is creating two HCPCS codes in order to provide a payment mechanism for negative pressure wound therapy services furnished to beneficiaries through means unrelated to the durable medical equipment benefit: G0456 *Negative pressure wound therapy, (eg vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters* and G0457 *Negative pressure wound therapy, (eg vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 sq cm.* The two new codes will be contractor priced on an interim basis for CY 2013. CMS requested comments on the appropriate value for this service.

The RUC noted that industry individuals developed a CCP to describe the NPWT disposable device, however subsequently withdrew the proposal. **The RUC recommends that codes G0456 and G0457 be placed on the LOI to allow any specialties that may have an interest a chance to survey and develop new PE inputs.**

Practice Expense Recommendations

The RUC Practice Expense Subcommittee has submitted recommendations from various Workgroups over the course of the last year. CMS has not commented on these recommendations in either the 2013 Proposed Rule or the 2013 Final Rule. The RUC requests that these recommendations be addressed in the 2014 Proposed Rule. We are resubmitting the following final recommendations of the RUC Practice Expense Subcommittee (included in the enclosed binder):

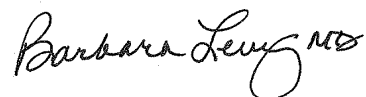
- **CMS Request for Review of Ultrasound Equipment** - CMS requested that the RUC review the clinical necessity of 17 different ultrasound related equipment items (including ultrasound rooms) associated with 110 CPT codes ranging in price from \$1,304.33 to \$466,492.00. The recommendations of the Workgroup were reviewed and accepted by the Practice Expense Subcommittee at the January 2012 RUC Meeting and originally submitted to CMS in March 2012.
- **Endoscope Cleaning and Disinfecting Pack, SA042** - In January 2012, the PE Subcommittee noted that a basin is missing from the Endoscope Cleaning and Disinfecting Pack, CMS supply item SA042. The recommendations of the Workgroup were reviewed and accepted by the Practice Expense Subcommittee at the January 2012 RUC Meeting and originally submitted to CMS in May 2012.
- **Pre-Service Time for 000 Day Globals in the Facility** - A workgroup of the PE Subcommittee was formed to review the 000-day global pre-service clinical staff time standards, as well as review prior RUC PE recommendations to CMS and modify time if necessary. The recommendations of the workgroup were reviewed and accepted by the Practice Expense Subcommittee at the October 2012 RUC Meeting and originally submitted to CMS in November 2012.

Physician Time File

In the 2013 NPRM, CMS requested comments on methods of obtaining accurate and current data on Evaluation and Management (E/M) services furnished as part of the global surgical package. CMS mentioned several examples of codes within the same family that had widely disparate levels of E/M visits listed in the physician time file. In our comment letter, the RUC explained that in 2007 a data error occurred that inappropriately altered the post-operative hospital E/M visit information for over 100 low-volume surgical procedures. The RUC submitted the correct information to the Agency attached to the letter. CMS states in the 2013 Final Rule that, "We are reviewing this file, and if appropriate, we intend to propose modifications to the physician time file in the CY 2014 PFS Proposed Rule." The RUC reiterates that these data variations are strictly a result of a data error in the processing of the RUC database for 2007. In addition, the RUC has identified additional codes that were not caught in the initial process. The complete list of these 186 low-volume surgical procedures, with correct immediate post-service time and hospital visits is included in the enclosed binder. We continue to implore CMS to incorporate these changes in the physician time file.

Thank you for your careful consideration of the RUC's recommendations. We look forward to continued opportunities to offer recommendations to improve the RBRVS.

Sincerely,



Barbara S. Levy, MD

cc: Kathy Bryant; Edith Hambrick, MD; Ryan Howe ; Steve E. Phurrough, MD; RUC participants

RUC Recommendations for Existing Codes - March 2013

CPT Code	Descriptor	RUC Recommendation	CMS/Other Source - Utilization over 500,000	Harvard-Valued Allowed Charges > \$10 mil	Codes Reported Together	MPC List	CMS High Expenditure Procedural Codes	Services with Stand-Alone Procedure Time
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	Postponed until April 2013 RUC meeting				x		
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	Postponed until April 2013 RUC meeting					x	
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	Postponed until April 2013 RUC meeting					x	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	21.79					x	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	17.48		x			x	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	19.60					x	
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	21.16					x	
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	4.90		x	x			
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	Referred to CPT					x	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	15.37					x	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	3.47					x	
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	Postponed until April 2013 RUC meeting		x				

RUC Recommendations for Existing Codes - March 2013

CPT Code	Descriptor	RUC Recommendation	CMS/Other Source - Utilization over 500,000	Harvard-Valued Allowed Charges > \$10 mil	Codes Reported Together	MPC List	CMS High Expenditure Procedural Codes	Services with Stand-Alone Procedure Time
66185	Revision of aqueous shunt to extraocular reservoir	Postponed until April 2013 RUC meeting		x				

RUC Recommendations for Existing Codes - March 2013

CPT Code	Descriptor	RUC Recommendation	CMS/Other Source - Utilization over 500,000	Harvard-Valued Allowed Charges > \$10 mil	Codes Reported Together	MPC List	CMS High Expenditure Procedural Codes	Services with Stand-Alone Procedure Time
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	1.48					x	
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	1.78					x	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	2.36	x				x	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	New PE inputs						x
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	New PE inputs			x			x
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	0.21					x	
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	0.18					x	
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	0.19					x	
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	0.17					x	
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	0.28 and new PE inputs			x		x	
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	0.19 and new PE inputs					x	



The RUC Relativity Assessment Workgroup Progress Report

In 2006, the RUC established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. The RUC formed this Workgroup in response to criticisms that, despite reducing the work RVUs for nearly 400 services in the past, the process contains “bias in the 5-year review in favor of undervalued codes as compared to overvalued codes.”¹ Since the inception of the Relativity Assessment Workgroup, the Workgroup and CMS have identified nearly 1,500 services through twelve different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the “new technology” list of services that will be re-reviewed by the RUC as reporting and cost data become available.

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which contains 415 services. In September 2010, the re-review cycle began and since then the RUC has recommended 5 services to be re-examined. The remaining services are rarely performed (ie, less than 500 times per year in the Medicare population) and will not be re-examined. The Workgroup will continue to review the remaining 248 services every October after three years of Medicare claims data is available for each service.

Site of Service Anomalies

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

The RUC identified 194 services through the site of service anomaly screen. The RUC required the specialties to resurvey 129 services to capture the appropriate physician work involved. These services were reviewed by the RUC between April 2008 and February 2011. CMS implemented 124 of these recommendations in the 2009, 2010 and 2011 Medicare Physician Payment Schedules. The RUC submitted another 5 recommendations as well as re-reviewed and submitted 44 recommendations to previously reviewed site-of-service identified codes to CMS for the 2012 Medicare Physician Payment Schedule.

¹ MedPAC comments to CMS regarding the 2008 Medicare Physician Payment Schedule proposed rule, submitted August 30, 2007.



Of the remaining 65 services that were not re-surveyed, the RUC modified the discharge day management for 46 services, maintained 3 codes and removed 2 codes from the screen as the typical patient was not a Medicare beneficiary and would be an inpatient. The CPT Editorial Panel deleted 13 codes and the RUC will re-review 1 service in the CPT 2016 cycle.

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

High Volume Growth

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have increased by at least 100% from 2004 through 2006. The query initially resulted in the identification of 81 services, but was expanded by 15 services to include the family of services, totaling 96 services. Specialty societies submitted comments to the Workgroup in April 2008 to provide feedback or explanations for the growth in reporting. Following this review, the RUC required the specialties to survey 35 services to capture the appropriate work effort and/or practice expense inputs. These services were reviewed by the RUC between February 2009 and April 2010.

The RUC recommended removing 23 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT Editorial Panel deleted 16 codes and will review another 10 services in the CPT 2014 cycle. In September 2011, the RUC began review of services after two years of utilization data were collected. The RUC submitted recommendations to CMS for 7 services for the 2012 and 2013 Medicare Physician Payment Schedules. The RUC will continue to review the remaining 5 services after additional utilization data is collected.

CMS Fastest Growing

In 2008, CMS developed the Fastest Growing Screen to identify all services with growth of at least 10% per year over the course of 3 years from 2005-2007. Through this screen, CMS identified 114 fastest growing services and the RUC added 69 services to include the family of services, totaling 183. The RUC required the specialties to survey 72 services to capture the appropriate work effort and/or practice expense inputs. These services were reviewed by the RUC between February 2008 to April 2010 and submitted to CMS for the Medicare Physician Payment Schedule.

The RUC recommended removing 51 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT Editorial Panel deleted 25 codes and will review another 4 services in the CPT 2014 cycle. The RUC submitted 13 recommendations to CMS for the 2012 and 2013 Medicare Physician Payment Schedule. The RUC will review 4 services for the 2014 cycle and the remaining 14 services after additional utilization data is available.



High IWPUT

The Workgroup assembled a list of all services with a total Medicare utilization of 1,000 or more that have an intra-service work per unit of time (IWPUT) calculation greater than 0.14, indicating an outlier intensity. The query resulted in identification of 32 services. Specialty societies submitted comments to the Workgroup in April 2008 for these services. As a result of this screen, the RUC has reviewed and submitted recommendations to CMS for 28 codes, removing 4 services from the screen as the IWPUT was considered appropriate. The RUC completed review of services under this screen.

Services Surveyed by One Specialty – Now Performed by A Different Specialty

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

Harvard Valued

Utilization over 1 Million

CMS requested that the RUC pay specific attention to Harvard valued codes that have a high utilization. The RUC identified 9 Harvard valued services with high utilization (performed over 1 million times per year). The RUC also incorporated an additional 12 Harvard valued codes within the initial family of services identified. The CPT Editorial Panel deleted 1 code. The RUC submitted 20 relative value work recommendations to CMS for the 2011 and 2012 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Utilization over 100,000

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

Utilization over 30,000

In April 2011, the RUC continued to identify Harvard-only valued codes with utilization over 30,000, based on 2009 Medicare claims data. The RUC determined that the specialty societies should survey the remaining 36 Harvard codes with utilization over 30,000 for September 2011. The RUC expanded the screen to include the family of services, totaling 65 services. The CPT Editorial Panel deleted 12 codes and will review 1 service in the 2014 cycle. The RUC submitted recommendations for 50 services for the 2013-2014 Medicare Physician Payment Schedules and will review 2 services in the 2015 cycle.



Medicare Allowed Charges \geq \$10 million

In June 2012, CMS identified 16 services that were Harvard-Valued with Annual Allowed Charges (2011 data) \geq \$10 million. The RUC expanded this screen to 29 services to include the proper family of services. The RUC removed 2 services from review as the allowed charges are approximately \$1 million and did not meet the screen criteria. The RUC submitted recommendations for 6 services for the 2013-2014 Medicare Physician Payment Schedule. The CPT Editorial Panel deleted 1 service. The RUC will submit recommendations for the remaining 20 services for the 2014-2015 Medicare Physician Payment Schedules.

Bundled CPT Services

Reported 95% or More Together

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

Reported 75% or More Together

In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar “groups” to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 72 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 152 total codes under review, the CPT Editorial Panel deleted 26 individual component codes and replaced the component coding with 115 new and/or revised codes that described the bundles of services. The CPT Editorial Panel and the RUC are currently working on 16 services and expect to complete this screen for final implementation in the 2014 Medicare Physician Payment Schedule.

Reported 75% or More Together – Part 2

In August 2011, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair Groups and recommended code bundling for 64 individual codes. In October 2012, the CPT Editorial Panel started review of code bundling solutions, deleting 16 codes, creating 18 codes and is scheduled to review 66 codes in the 2014-2016 cycles. The RUC began review of 29 services as part of these bundling efforts beginning in January 2013.



Low Value/Billed in Multiple Units

CMS has requested that services with low work RVUs that are commonly billed with multiple units in a single encounter be reviewed. CMS identified services that are reported in multiples of 5 or more per day, with work RVUs of less than or equal to 0.50 RVUs.

In October 2010, the Workgroup reviewed 12 CMS identified services and determined that 6 of the codes were improperly identified as the services were either not reported in multiple units or were reported in a few units, but that was assumed in the original valuation. The RUC submitted recommendations for the remaining 6 services for the 2012 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Low Value/High Volume Codes

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

Multi-Specialty Points of Comparison List

CMS requested that services on the Multi-Specialty Points of Comparison (MPC) list should be reviewed. CMS prioritized the review of the MPC list to 33 codes, ranking the codes by allowed service units and charges based on CY 2009 claims data as well as those services reviewed by the RUC more than six years ago. The RUC expanded the list to 177 services to include additional codes as part of a family (105 codes of which are part of the review of GI endoscopy codes). The CPT Editorial Panel deleted 17 codes and will review 2 codes for revision. The RUC submitted recommendations for 39 codes for the 2012 and 2013 Medicare Physician Payment Schedules and will review the remaining 119 codes in the 2014 and 2015 cycles.

CMS High Expenditure Procedural Codes

In the July 19, 2011, Proposed Rule for 2012, CMS requests that the RUC review a list of 70 high PFS expenditure procedural codes representing services furnished by an array of specialties. CMS selected these codes since they have not been reviewed for at least 6 years, and in many cases the last review occurred more than 10 years ago.

The RUC reviewed the 70 services identified and expanded the list to 121 services to include additional codes as part of the family. The CPT Editorial Panel deleted 7 codes and will review 7 codes for the 2014 cycle. The RUC submitted 47 recommendations to CMS for the 2013 Medicare Physician Payment Schedule and will submit the remaining 60 recommendations for the 2014 Medicare Physician Payment Schedule.



Practice Expense Services with Stand-Alone PE Procedure Time

In June 2012, CMS proposed adjustments to services with stand alone procedure time assumptions used in developing non-facility PE RVUs. These assumptions are not based on physician time assumptions. CMS prioritized CPT codes that have annual Medicare allowed charges of \$100,000 or more, include direct equipment inputs that amount to \$100 or more, and have PE procedure times greater than 5 minutes for review. The RUC will review the 26 services identified through this screen and provide recommendations for the 2014 Medicare Physician Payment Schedule.

Public Comment Requests

In 2011, CMS announced that due to the ongoing identification of potentially misvalued services by CMS and the RUC, the Agency will no longer conduct a separate Five-Year Review. CMS will now call for public comments on an annual basis as part of the comment process on the Final Rule each year. In the NPRM for the 2013 Medicare Physician Payment Schedule, the public identified 4 potentially misvalued services. The RUC will review these services and submit recommendations for the 2014 Medicare Physician Payment Schedule.

Other Issues

In addition to the above screening criteria, the Relativity Assessment Workgroup performed an exhaustive search of the RUC database for services indicated by the RUC to be re-reviewed at a later date. Three codes were found that had not yet been re-reviewed. The RUC recommended a work RVU decrease for 2 codes and to maintain the work RVU for another code.

CMS also identified 72 services that required further practice expense review. The RUC submitted practice expense recommendations on 67 services and the CPT Editorial Panel deleted 5 services. The RUC also reviewed special requests for 19 audiology and speech-language pathology services. The RUC submitted recommendations for 10 services for the 2010 Medicare Physician Payment Schedule and the remaining 9 services for the 2011 Medicare Physician Payment Schedule.



CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	1,480
Codes Completed	1,211
Work and PE Maintained	392
Work Increased	108
Work Decreased*	391
Direct Practice Expense Revised (beyond work changes)*	118
Deleted from CPT	202
Codes Under Review	269
Referred to CPT	57
RUC to Review April 2013	112
Future Review or Re-review	100

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

The RUC's efforts for 2009-2013 have resulted in \$2.5 billion in redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

01930	Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified	Global: XXX	Issue: Anesthesia for Interventional Radiology	Screen: High Volume Growth	Complete? Yes
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Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation: ASA
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First Identified: February 2008	2010 Medicare Utilization Data: 17,975
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2007 Work RVU: 0.00	2013 Work RVU: 5.00
2007 NF PE RVU: 0	2013 NF PE RVU: 0.00
2007 Fac PE RVU: 0	2013 Fac PE RVU: 0.00
Result: Remove from Screen	

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

10022	Fine needle aspiration; with imaging guidance	Global: XXX	Issue: Fine Needle Aspiration	Screen: CMS Fastest Growing	Complete? Yes
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Most Recent RUC Meeting: February 2009	Tab 38	Specialty Developing Recommendation: ACR, SIR, CAP, ACR, ASC
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First Identified: October 2008	2010 Medicare Utilization Data: 156,225
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2007 Work RVU: 1.27	2013 Work RVU: 1.27
2007 NF PE RVU: 2.41	2013 NF PE RVU: 2.76
2007 Fac PE RVU: 0.40	2013 Fac PE RVU: 0.49
Result: Remove from Screen	

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	Global: 010	Issue: Incision and Drainage of Abscess	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
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Most Recent RUC Meeting: October 2010	Tab 07	Specialty Developing Recommendation: APMA
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First Identified: February 2010	2010 Medicare Utilization Data: 526,284
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2007 Work RVU: 1.19	2013 Work RVU: 1.22
2007 NF PE RVU: 1.29	2013 NF PE RVU: 2.13
2007 Fac PE RVU: 0.97	2013 Fac PE RVU: 1.52
Result: Increase	

RUC Recommendation: 1.50

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple **Global:** 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 07 Specialty Developing Recommendation: APMA

First Identified: October 2009

2010 Medicare Utilization Data: 185,693

2007 Work RVU: 2.42

2013 Work RVU: 2.45

2007 NF PE RVU: 1.89

2013 NF PE RVU: 3.37

2007 Fac PE RVU: 1.51

2013 Fac PE RVU: 2.58

RUC Recommendation: 2.45

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

100XX1

Global: **Issue:** Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 04 Specialty Developing Recommendation: ACR, SIR

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: 3.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

October 2012

Result: Decrease

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

Global: 010 **Issue:**

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab 12 Specialty Developing Recommendation: APMA, AAFP

First Identified: April 2011

2010 Medicare Utilization Data: 41,220

2007 Work RVU: 1.23

2013 Work RVU: 1.22

2007 NF PE RVU: 2.12

2013 NF PE RVU: 3.21

2007 Fac PE RVU 0.97

2013 Fac PE RVU: 1.72

RUC Recommendation: 1.25

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

10180	Incision and drainage, complex, postoperative wound infection			Global:	Issue:	Screen: RUC identified when reviewing comparison codes	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: January 2013	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:	Review at RAW			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
11040	Deleted from CPT			Global: 000	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab 16 September 2007	Specialty Developing Recommendation:	APMA, APTA	First Identified: September 2007	2010 Medicare Utilization Data: 775,290	2007 Work RVU: 0.50 2007 NF PE RVU: 0.56 2007 Fac PE RVU 0.20 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
<hr/>							
11041	Deleted from CPT			Global: 000	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab 16 September 2007	Specialty Developing Recommendation:	APMA, APTA	First Identified: September 2007	2010 Medicare Utilization Data: 700,327	2007 Work RVU: 0.60 2007 NF PE RVU: 0.68 2007 Fac PE RVU 0.30 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
<hr/>							
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less			Global: 000	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab 04 February 2010	Specialty Developing Recommendation:	APMA, APTA	First Identified: September 2007	2010 Medicare Utilization Data: 1,290,599	2007 Work RVU: 0.80 2007 NF PE RVU: 0.97 2007 Fac PE RVU 0.39 Result: Increase	2013 Work RVU: 1.01 2013 NF PE RVU: 2.39 2013 Fac PE RVU: 0.69
RUC Recommendation:	1.12			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less **Global:** 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 04 Specialty Developing Recommendation: APMA, APTA

First Identified: September 2007

2010 Medicare Utilization Data: 192,920

2007 Work RVU: 3.04

2013 Work RVU: 2.70

2007 NF PE RVU: 3.45

2013 NF PE RVU: 3.74

2007 Fac PE RVU: 2.62

2013 Fac PE RVU: 1.49

Result: Decrease

RUC Recommendation: 3.00

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less **Global:** 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 04 Specialty Developing Recommendation: APMA, APTA

First Identified: September 2007

2010 Medicare Utilization Data: 53,754

2007 Work RVU: 4.11

2013 Work RVU: 4.10

2007 NF PE RVU: 4.58

2013 NF PE RVU: 4.66

2007 Fac PE RVU: 3.73

2013 Fac PE RVU: 2.08

Result: Increase

RUC Recommendation: 4.56

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

11045 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 04 Specialty Developing Recommendation: ACS, APMA, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.50

2007 NF PE RVU:

2013 NF PE RVU: 0.65

2007 Fac PE RVU:

2013 Fac PE RVU: 0.20

Result: Increase

RUC Recommendation: 0.69

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

11046 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 04

Specialty Developing Recommendation: ACS, APMA, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.03

2007 NF PE RVU:

2013 NF PE RVU: 0.97

2007 Fac PE RVU

2013 Fac PE RVU: 0.44

Result: Decrease

RUC Recommendation: 1.29

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11047 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 04

Specialty Developing Recommendation: ACS, APMA, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.80

2007 NF PE RVU:

2013 NF PE RVU: 1.55

2007 Fac PE RVU

2013 Fac PE RVU: 0.79

Result: Increase

RUC Recommendation: 2.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion **Global:** 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: November 2011

2010 Medicare Utilization Data: 827,969

2007 Work RVU: 0.43

2013 Work RVU: 0.35

2007 NF PE RVU: 0.63

2013 NF PE RVU: 1.05

2007 Fac PE RVU 0.16

2013 Fac PE RVU: 0.09

Result: Maintain

RUC Recommendation: Maintain

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	Global: 000	Issue: Trim Skin Lesions	Screen: MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 53 Specialty Developing Recommendation: APMA	First Identified: October 2010	2010 Medicare Utilization Data: 1,767,424	2007 Work RVU: 0.61 2007 NF PE RVU: 0.7 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.50 2013 NF PE RVU: 1.20 2013 Fac PE RVU: 0.13
RUC Recommendation: 0.50		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	Global: 000	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 30 Specialty Developing Recommendation:	First Identified: November 2011	2010 Medicare Utilization Data: 362,420	2007 Work RVU: 0.79 2007 NF PE RVU: 0.81 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 0.65 2013 NF PE RVU: 1.25 2013 Fac PE RVU: 0.17
RUC Recommendation: Maintain		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	Global: 000	Issue:	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 41 Specialty Developing Recommendation:	First Identified: October 2010	2010 Medicare Utilization Data: 2,702,008	2007 Work RVU: 0.81 2007 NF PE RVU: 1.41 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 0.81 2013 NF PE RVU: 2.21 2013 Fac PE RVU: 0.52
RUC Recommendation: Reaffirmed RUC recommendation		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	Global: ZZZ	Issue:	Screen: Low Value Billed in Multiple Units	Complete? Yes
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Most Recent RUC Meeting: February 2011

Tab 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data: 1,173,566

2007 Work RVU: 0.41

2013 Work RVU: 0.41

2007 NF PE RVU: 0.35

2013 NF PE RVU: 0.50

2007 Fac PE RVU 0.20

2013 Fac PE RVU: 0.27

Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: April 2012

Tab 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2010 Medicare Utilization Data: 88,442

2007 Work RVU: 0.51

2013 Work RVU: 0.60

2007 NF PE RVU: 1.04

2013 NF PE RVU: 2.27

2007 Fac PE RVU 0.21

2013 Fac PE RVU: 0.35

Result: Increase

RUC Recommendation: 0.60

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: April 2012

Tab 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2010 Medicare Utilization Data: 176,259

2007 Work RVU: 0.85

2013 Work RVU: 0.90

2007 NF PE RVU: 1.21

2013 NF PE RVU: 2.60

2007 Fac PE RVU 0.38

2013 Fac PE RVU: 0.56

Result: Increase

RUC Recommendation: 0.90

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

11302 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 107,174

2007 Work RVU: 1.05 **2013 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2013 NF PE RVU:** 3.07
2007 Fac PE RVU 0.47 **2013 Fac PE RVU:** 0.66
Result: Increase

RUC Recommendation: 1.16

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11303 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 16,945

2007 Work RVU: 1.24 **2013 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2013 NF PE RVU:** 3.27
2007 Fac PE RVU 0.53 **2013 Fac PE RVU:** 0.76
Result: Increase

RUC Recommendation: 1.25

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11305 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 115,473

2007 Work RVU: 0.67 **2013 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2013 NF PE RVU:** 2.09
2007 Fac PE RVU 0.26 **2013 Fac PE RVU:** 0.27
Result: Increase

RUC Recommendation: 0.80

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11306 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 104,350

2007 Work RVU: 0.99 **2013 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2013 NF PE RVU:** 2.58
2007 Fac PE RVU 0.41 **2013 Fac PE RVU:** 0.44
Result: Increase

RUC Recommendation: 1.18

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

11307 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 49,955

2007 Work RVU: 1.14 **2013 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2013 NF PE RVU:** 2.98
2007 Fac PE RVU 0.49 **2013 Fac PE RVU:** 0.61
Result: Increase

RUC Recommendation: 1.20

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11308 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 11,389

2007 Work RVU: 1.41 **2013 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2013 NF PE RVU:** 2.96
2007 Fac PE RVU 0.58 **2013 Fac PE RVU:** 0.58
Result: Increase

RUC Recommendation: 1.46

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11310 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 85,938

2007 Work RVU: 0.73 **2013 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2013 NF PE RVU:** 2.52
2007 Fac PE RVU 0.32 **2013 Fac PE RVU:** 0.48
Result: Increase

RUC Recommendation: 1.19

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11311 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First
Identified: January 2012

2010 Medicare
Utilization Data: 119,760

2007 Work RVU: 1.05 **2013 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2013 NF PE RVU:** 2.08
2007 Fac PE RVU 0.49 **2013 Fac PE RVU:** 0.69
Result: Increase

RUC Recommendation: 1.43

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

11312 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First **2010 Medicare**
Identified: January 2012 **Utilization Data:** 52,616

2007 Work RVU: 1.20 **2013 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2013 NF PE RVU:** 3.36
2007 Fac PE RVU 0.56 **2013 Fac PE RVU:** 0.82
Result: Increase

RUC Recommendation: 1.80

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

11313 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

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

First **2010 Medicare**
Identified: January 2012 **Utilization Data:** 7,226

2007 Work RVU: 1.62 **2013 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2013 NF PE RVU:** 3.66
2007 Fac PE RVU 0.73 **2013 Fac PE RVU:** 1.03
Result: Increase

RUC Recommendation: 2.00

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

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

Most Recent **Tab** 32 **Specialty Developing** APMA
RUC Meeting: January 2012 **Recommendation:**

First **2010 Medicare**
Identified: October 2010 **Utilization Data:** 1,488,242

2007 Work RVU: 0.17 **2013 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2013 NF PE RVU:** 0.16
2007 Fac PE RVU 0.07 **2013 Fac PE RVU:** 0.04
Result: Maintain

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

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

Most Recent **Tab** 53 **Specialty Developing** APMA
RUC Meeting: September 2011 **Recommendation:**

First **2010 Medicare**
Identified: **Utilization Data:** 2,188,616

2007 Work RVU: 0.32 **2013 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2013 NF PE RVU:** 0.61
2007 Fac PE RVU 0.11 **2013 Fac PE RVU:** 0.08
Result: Maintain

RUC Recommendation: 0.32 (Interim)

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

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11721 Debridement of nail(s) by any method(s); 6 or more

Global: 000

Issue: Debridement of Nail

Screen: MPC List

Complete? Yes

Most Recent Tab 53 Specialty Developing APMA
RUC Meeting: September 2011 Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 7,631,434

2007 Work RVU: 0.54

2013 Work RVU: 0.54

2007 NF PE RVU: 0.47

2013 NF PE RVU: 0.74

2007 Fac PE RVU 0.20

2013 Fac PE RVU: 0.14

Result: Maintain

RUC Recommendation: 0.54 (Interim)

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11900 Injection, intralesional; up to and including 7 lesions

Global: 000

Issue: Skin Injection Services

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

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

First Identified: October 2009

2010 Medicare Utilization Data: 156,008

2007 Work RVU: 0.52

2013 Work RVU: 0.52

2007 NF PE RVU: 0.72

2013 NF PE RVU: 1.07

2007 Fac PE RVU 0.22

2013 Fac PE RVU: 0.33

Result: Maintain

RUC Recommendation: 0.52

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11901 Injection, intralesional; more than 7 lesions

Global: 000

Issue: Skin Injection Services

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

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

First Identified: February 2010

2010 Medicare Utilization Data: 52,713

2007 Work RVU: 0.80

2013 Work RVU: 0.80

2007 NF PE RVU: 0.75

2013 NF PE RVU: 1.17

2007 Fac PE RVU 0.37

2013 Fac PE RVU: 0.52

Result: Maintain

RUC Recommendation: 0.80

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

11981 Insertion, non-biodegradable drug delivery implant

Global: XXX

Issue: Drug Implant

Screen: High Volume Growth

Complete? Yes

Most Recent Tab 57 Specialty Developing AUA
RUC Meeting: April 2008 Recommendation:

First Identified: June 2008

2010 Medicare Utilization Data: 13,332

2007 Work RVU: 1.48

2013 Work RVU: 1.48

2007 NF PE RVU: 1.76

2013 NF PE RVU: 2.36

2007 Fac PE RVU 0.66

2013 Fac PE RVU: 0.65

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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11982	Removal, non-biodegradable drug delivery implant			Global: XXX	Issue: Drug Implant	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation:	AUA	First Identified: February 2008	2010 Medicare Utilization Data: 3,385	2007 Work RVU: 1.78 2007 NF PE RVU: 1.97 2007 Fac PE RVU 0.81	2013 Work RVU: 1.78 2013 NF PE RVU: 2.57 2013 Fac PE RVU: 0.81
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen	

11983	Removal with reinsertion, non-biodegradable drug delivery implant	Global: XXX	Issue: Drug Implant	Screen: High Volume Growth	Complete? Yes		
Most Recent	Tab 57	Specialty Developing	AUA	First	2010 Medicare	2007 Work RVU: 3.30	2013 Work RVU: 3.30
RUC Meeting: April 2008		Recommendation:		Identified: June 2008	Utilization Data: 6,099	2007 NF PE RVU: 2.38	2013 NF PE RVU: 2.63
						2007 Fac PE RVU 1.44	2013 Fac PE RVU: 1.26
RUC Recommendation:	Remove from screen			CPT Action (if applicable):		Result:	Remove from Screen
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less			Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32	Specialty Developing Recommendation:	ACEP, AAFP	First Identified: October 2009	2010 Medicare Utilization Data: 179,272	2007 Work RVU: 1.72 2007 NF PE RVU: 1.92 2007 Fac PE RVU 0.76	2013 Work RVU: 0.84 2013 NF PE RVU: 1.74 2013 Fac PE RVU: 0.34
RUC Recommendation: 0.84				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm				Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32	Specialty Developing Recommendation:	ACEP, AAFP	First Identified: October 2009	2010 Medicare Utilization Data: 139,131	2007 Work RVU: 1.88	2013 Work RVU: 1.14	
						2007 NF PE RVU: 1.98	2013 NF PE RVU: 1.96	
						2007 Fac PE RVU 0.89	2013 Fac PE RVU: 0.42	
RUC Recommendation: 1.14				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease		

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12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified:	2010 Medicare Utilization Data: 21,241	2007 Work RVU: 2.26 2007 NF PE RVU: 2.26 2007 Fac PE RVU: 0.99 Result: Decrease	2013 Work RVU: 1.44 2013 NF PE RVU: 2.18 2013 Fac PE RVU: 0.50
RUC Recommendation: 1.44	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified:	2010 Medicare Utilization Data: 5,450	2007 Work RVU: 2.88 2007 NF PE RVU: 2.75 2007 Fac PE RVU: 1.17 Result: Decrease	2013 Work RVU: 1.97 2013 NF PE RVU: 2.69 2013 Fac PE RVU: 0.64
RUC Recommendation: 1.97	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified:	2010 Medicare Utilization Data: 1,032	2007 Work RVU: 3.68 2007 NF PE RVU: 3.3 2007 Fac PE RVU: 1.46 Result: Decrease	2013 Work RVU: 2.39 2013 NF PE RVU: 3.23 2013 Fac PE RVU: 0.78
RUC Recommendation: 2.39	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 32 Specialty Developing Recommendation: ACEP, AAFP	First Identified:	2010 Medicare Utilization Data: 355	2007 Work RVU: 4.13 2007 NF PE RVU: 3.71 2007 Fac PE RVU: 1.73 Result: Decrease	2013 Work RVU: 2.90 2013 NF PE RVU: 3.46 2013 Fac PE RVU: 1.09
RUC Recommendation: 2.90	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

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12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 88,270

2007 Work RVU: 1.78
2007 NF PE RVU: 2.07
2007 Fac PE RVU: 0.78

2013 Work RVU: 1.07
2013 NF PE RVU: 2.06
2013 Fac PE RVU: 0.40

RUC Recommendation: 1.07

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

12013 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 50,284

2007 Work RVU: 2.01
2007 NF PE RVU: 2.22
2007 Fac PE RVU: 0.92

2013 Work RVU: 1.22
2013 NF PE RVU: 2.21
2013 Fac PE RVU: 0.42

RUC Recommendation: 1.22

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

12014 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 6,496

2007 Work RVU: 2.48
2007 NF PE RVU: 2.5
2007 Fac PE RVU: 1.04

2013 Work RVU: 1.57
2013 NF PE RVU: 2.41
2013 Fac PE RVU: 0.51

RUC Recommendation: 1.57

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

12015 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 3,183

2007 Work RVU: 3.21
2007 NF PE RVU: 3.04
2007 Fac PE RVU: 1.22

2013 Work RVU: 1.98
2013 NF PE RVU: 2.86
2013 Fac PE RVU: 0.61

RUC Recommendation: 1.98

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
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Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 465

2007 Work RVU: 3.94

2013 Work RVU: 2.68

2007 NF PE RVU: 3.45

2013 NF PE RVU: 3.28

2007 Fac PE RVU: 1.47

2013 Fac PE RVU: 0.80

RUC Recommendation: 2.68

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
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Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 80

2007 Work RVU: 4.72

2013 Work RVU: 3.18

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 1.79

2013 Fac PE RVU: 0.78

RUC Recommendation: 3.18

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
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Most Recent RUC Meeting: April 2010

Tab 32 Specialty Developing Recommendation: ACEP, AAFP

First Identified:

2010 Medicare Utilization Data: 32

2007 Work RVU: 5.54

2013 Work RVU: 3.61

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 2.19

2013 Fac PE RVU: 1.74

RUC Recommendation: 3.61

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 55,639	2007 Work RVU: 2.17 2007 NF PE RVU: 2.69 2007 Fac PE RVU: 1.17 2013 Work RVU: 2.00 2013 NF PE RVU: 4.85 2013 Fac PE RVU: 2.28
RUC Recommendation: 2.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: October 2009	2010 Medicare Utilization Data: 192,852	2007 Work RVU: 2.49 2007 NF PE RVU: 4.19 2007 Fac PE RVU: 1.92 2013 Work RVU: 2.52 2013 NF PE RVU: 6.26 2013 Fac PE RVU: 2.94
RUC Recommendation: 2.52			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 20,265	2007 Work RVU: 2.94 2007 NF PE RVU: 3.54 2007 Fac PE RVU: 1.59 2013 Work RVU: 2.97 2013 NF PE RVU: 5.92 2013 Fac PE RVU: 2.69
RUC Recommendation: 2.97			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

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12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 4,867	2007 Work RVU: 3.44 2007 NF PE RVU: 5.21 2007 Fac PE RVU: 2.14 2013 Work RVU: 3.50 2013 NF PE RVU: 7.54 2013 Fac PE RVU: 3.08
RUC Recommendation: 3.60			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 1,030	2007 Work RVU: 4.06 2007 NF PE RVU: 5.51 2007 Fac PE RVU: 2.47 2013 Work RVU: 4.23 2013 NF PE RVU: 7.70 2013 Fac PE RVU: 3.30
RUC Recommendation: 4.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 599	2007 Work RVU: 4.68 2007 NF PE RVU: 6.05 2007 Fac PE RVU: 2.88 2013 Work RVU: 5.00 2013 NF PE RVU: 8.05 2013 Fac PE RVU: 3.67
RUC Recommendation: 5.25			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase

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12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less			Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 18,713	2007 Work RVU: 2.39 2007 NF PE RVU: 2.87 2007 Fac PE RVU 1.29	2013 Work RVU: 2.10 2013 NF PE RVU: 4.86 2013 Fac PE RVU: 2.26
RUC Recommendation: 2.10					CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
Result: Decrease								
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm			Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 42,162	2007 Work RVU: 2.76 2007 NF PE RVU: 3.57 2007 Fac PE RVU 1.63	2013 Work RVU: 2.79 2013 NF PE RVU: 5.46 2013 Fac PE RVU: 2.78
RUC Recommendation: 2.79					CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
Result: Maintain								
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm			Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 2,175	2007 Work RVU: 3.16 2007 NF PE RVU: 3.74 2007 Fac PE RVU 1.69	2013 Work RVU: 3.19 2013 NF PE RVU: 7.12 2013 Fac PE RVU: 2.68
RUC Recommendation: 3.19					CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
Result: Maintain								

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12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 404	2007 Work RVU: 3.65 2007 NF PE RVU: 5.21 2007 Fac PE RVU: 2.23 2013 Work RVU: 3.75 2013 NF PE RVU: 7.72 2013 Fac PE RVU: 3.73
RUC Recommendation: 3.90			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 80	2007 Work RVU: 4.26 2007 NF PE RVU: 6.28 2007 Fac PE RVU: 2.64 2013 Work RVU: 4.30 2013 NF PE RVU: 10.99 2013 Fac PE RVU: 4.99
RUC Recommendation: 4.60			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 45	2007 Work RVU: 4.66 2007 NF PE RVU: 6.3 2007 Fac PE RVU: 2.95 2013 Work RVU: 4.95 2013 NF PE RVU: 11.78 2013 Fac PE RVU: 5.34
RUC Recommendation: 5.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase

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12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less		Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes													
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified:	February 2010	2010 Medicare Utilization Data:	58,514	2007 Work RVU:	2.49	2013 Work RVU:	2.33	2007 NF PE RVU:	3.48	2013 NF PE RVU:	5.09	2007 Fac PE RVU	1.57	2013 Fac PE RVU:	2.44
RUC Recommendation:				2.33		CPT Action (if applicable): Referred to CPT Asst				<input type="checkbox"/>		Published in CPT Asst:				Result: Decrease				
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm		Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes													
Most Recent RUC Meeting:	April 2010	Tab 45	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified:	February 2010	2010 Medicare Utilization Data:	75,927	2007 Work RVU:	2.81	2013 Work RVU:	2.87	2007 NF PE RVU:	3.64	2013 NF PE RVU:	5.54	2007 Fac PE RVU	1.72	2013 Fac PE RVU:	2.78
RUC Recommendation:				Remove from screen		CPT Action (if applicable): Referred to CPT Asst				<input type="checkbox"/>		Published in CPT Asst:				Result: Remove from Screen				
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm		Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes													
Most Recent RUC Meeting:	October 2010	Tab 22	Specialty Developing Recommendation:	AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified:	February 2010	2010 Medicare Utilization Data:	9,021	2007 Work RVU:	3.14	2013 Work RVU:	3.17	2007 NF PE RVU:	3.77	2013 NF PE RVU:	6.76	2007 Fac PE RVU	1.68	2013 Fac PE RVU:	2.81
RUC Recommendation:				3.17		CPT Action (if applicable): Referred to CPT Asst				<input type="checkbox"/>		Published in CPT Asst:				Result: Maintain				

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12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 3,113	2007 Work RVU: 3.47 2007 NF PE RVU: 4.02 2007 Fac PE RVU: 1.74 2013 Work RVU: 3.50 2013 NF PE RVU: 7.03 2013 Fac PE RVU: 2.74
RUC Recommendation: 3.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 414	2007 Work RVU: 4.44 2007 NF PE RVU: 4.87 2007 Fac PE RVU: 2.13 2013 Work RVU: 4.50 2013 NF PE RVU: 8.99 2013 Fac PE RVU: 3.73
RUC Recommendation: 4.65			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2010 Medicare Utilization Data: 58	2007 Work RVU: 5.25 2007 NF PE RVU: 6.62 2007 Fac PE RVU: 2.89 2013 Work RVU: 5.30 2013 NF PE RVU: 10.45 2013 Fac PE RVU: 5.24
RUC Recommendation: 5.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase

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12057 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 22

Specialty Developing Recommendation:

AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010

2010 Medicare Utilization Data: 39

2007 Work RVU: 5.97
2007 NF PE RVU: 6.47
2007 Fac PE RVU: 3.53

2013 Work RVU: 6.00
2013 NF PE RVU: 9.82
2013 Fac PE RVU: 4.40

RUC Recommendation: 6.28

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

13100 Repair, complex, trunk; 1.1 cm to 2.5 cm

Global: 010

Issue: Complex Wound Repair

Screen: CMS Request

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 37

Specialty Developing Recommendation:

AAD, AAO-HNS, ASPS

First Identified:

2010 Medicare Utilization Data: 5,175

2007 Work RVU: 3.14
2007 NF PE RVU: 4.15
2007 Fac PE RVU: 2.35

2013 Work RVU: 3.00
2013 NF PE RVU: 6.55
2013 Fac PE RVU: 2.65

RUC Recommendation: 3.00

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

13101 Repair, complex, trunk; 2.6 cm to 7.5 cm

Global: 010

Issue: Complex Wound Repair

Screen: CMS Request

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 37

Specialty Developing Recommendation:

AAD, AAO-HNS, ASPS

First Identified:

2010 Medicare Utilization Data: 59,565

2007 Work RVU: 3.93
2007 NF PE RVU: 4.99
2007 Fac PE RVU: 2.77

2013 Work RVU: 3.50
2013 NF PE RVU: 7.88
2013 Fac PE RVU: 3.55

RUC Recommendation: 3.50

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

13102 Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Complex Wound Repair

Screen: CMS Request

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 37

Specialty Developing Recommendation:

AAD, AAO-HNS, ASPS

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 1.24
2007 NF PE RVU: 1.22
2007 Fac PE RVU: 0.57

2013 Work RVU: 1.24
2013 NF PE RVU: 2.17
2013 Fac PE RVU: 0.73

RUC Recommendation: 1.24

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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13120 Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing** AAD, AAO- **First** **2010 Medicare** **2007 Work RVU:** 3.32 **2013 Work RVU:** 3.23
RUC Meeting: April 2012 **Recommendation:** HNS, ASPS **Identified:** October 2008 **Utilization Data:** 7,851 **2007 NF PE RVU:** 4.26 **2013 NF PE RVU:** 6.78
RUC Recommendation: 3.23 **CPT Action (if applicable):** **2007 Fac PE RVU** 2.41 **2013 Fac PE RVU:** 3.34
Referred to CPT Asst ☒ **Published in CPT Asst:** May 2011 **Result:** Decrease

13121 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing** AAD, AAO- **First** **2010 Medicare** **2007 Work RVU:** 4.36 **2013 Work RVU:** 4.00
RUC Meeting: April 2012 **Recommendation:** HNS, ASPS **Identified:** October 2008 **Utilization Data:** 97,197 **2007 NF PE RVU:** 5.32 **2013 NF PE RVU:** 8.21
RUC Recommendation: 4.00 **CPT Action (if applicable):** **2007 Fac PE RVU** 3.02 **2013 Fac PE RVU:** 3.35
Referred to CPT Asst ☒ **Published in CPT Asst:** May 2011 **Result:** Decrease

13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing** AAD, AAO- **First** **2010 Medicare** **2007 Work RVU:** 1.44 **2013 Work RVU:** 1.44
RUC Meeting: April 2012 **Recommendation:** HNS, ASPS **Identified:** October 2008 **Utilization Data:** 16,519 **2007 NF PE RVU:** 1.48 **2013 NF PE RVU:** 2.31
RUC Recommendation: 1.44 **CPT Action (if applicable):** **2007 Fac PE RVU** 0.63 **2013 Fac PE RVU:** 0.84
Referred to CPT Asst ☒ **Published in CPT Asst:** May 2011 **Result:** Maintain

13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing** AAD, AAO- **First** **2010 Medicare** **2007 Work RVU:** 3.80 **2013 Work RVU:** 3.73
RUC Meeting: April 2012 **Recommendation:** HNS, ASPS **Identified:** April 2011 **Utilization Data:** 32,877 **2007 NF PE RVU:** 4.53 **2013 NF PE RVU:** 7.25
RUC Recommendation: 3.73 **CPT Action (if applicable):** **2007 Fac PE RVU** 2.74 **2013 Fac PE RVU:** 3.15
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 188,152 **2007 Work RVU:** 6.48 **2013 Work RVU:** 4.78
RUC Meeting: April 2012 **2007 NF PE RVU:** 6.42 **2013 NF PE RVU:** 8.77
2007 Fac PE RVU: 4.38 **2013 Fac PE RVU:** 3.87
RUC Recommendation: 4.78 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

13133 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 11,022 **2007 Work RVU:** 2.19 **2013 Work RVU:** 2.19
RUC Meeting: April 2012 **2007 NF PE RVU:** 1.72 **2013 NF PE RVU:** 2.78
2007 Fac PE RVU: 1.02 **2013 Fac PE RVU:** 1.34
RUC Recommendation: 2.19 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

13150 Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,391 **2007 Work RVU:** 3.82 **2013 Work RVU:** 3.58
RUC Meeting: April 2012 **2007 NF PE RVU:** 4.83 **2013 NF PE RVU:** 6.89
2007 Fac PE RVU: 2.76 **2013 Fac PE RVU:** 2.47
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 30,307 **2007 Work RVU:** 4.46 **2013 Work RVU:** 4.34
RUC Meeting: April 2012 **2007 NF PE RVU:** 4.99 **2013 NF PE RVU:** 7.64
2007 Fac PE RVU: 3.17 **2013 Fac PE RVU:** 3.57
RUC Recommendation: 4.34 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	Global: 010	Issue: Complex Wound Repair	Screen: Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 37	Specialty Developing Recommendation: AAD, AAO-HNS, ASPS	First Identified: April 2011	2010 Medicare Utilization Data: 43,417	2007 Work RVU: 6.34 2007 NF PE RVU: 6.42 2007 Fac PE RVU: 4.03 Result: Decrease
RUC Recommendation: 5.34			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 4.90 2013 NF PE RVU: 8.70 2013 Fac PE RVU: 3.92
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Complex Wound Repair	Screen: CMS Request	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 37	Specialty Developing Recommendation: AAD, AAO-HNS, ASPS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2.38 2007 NF PE RVU: 1.96 2007 Fac PE RVU: 1.11 Result: Maintain
RUC Recommendation: 2.38			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2.38 2013 NF PE RVU: 3.00 2013 Fac PE RVU: 1.41
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: ACS, AAD, ASPS	First Identified: April 2008	2010 Medicare Utilization Data: 10,319	2007 Work RVU: 6.83 2007 NF PE RVU: 8.14 2007 Fac PE RVU: 5.63 Result: Decrease
RUC Recommendation: 6.19			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 6.37 2013 NF PE RVU: 11.25 2013 Fac PE RVU: 7.63

Status Report: CMS Requests and Relativity Assessment Issues

14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: ACS, AAD, ASPS	First Identified: September 2007	2010 Medicare Utilization Data: 9,240	2007 Work RVU: 9.60 2007 NF PE RVU: 9.86 2007 Fac PE RVU: 7.22 Result: Decrease
RUC Recommendation: 8.58			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 8.78 2013 NF PE RVU: 13.67 2013 Fac PE RVU: 9.29
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: AAD, ASPS	First Identified: April 2008	2010 Medicare Utilization Data: 23,697	2007 Work RVU: 7.66 2007 NF PE RVU: 8.98 2007 Fac PE RVU: 6.64 Result: Decrease
RUC Recommendation: 7.02			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 7.22 2013 NF PE RVU: 12.53 2013 Fac PE RVU: 8.68
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: AAD, ASPS	First Identified: September 2007	2010 Medicare Utilization Data: 17,157	2007 Work RVU: 11.18 2007 NF PE RVU: 10.63 2007 Fac PE RVU: 8.41 Result: Decrease
RUC Recommendation: 9.52			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 9.72 2013 NF PE RVU: 14.83 2013 Fac PE RVU: 10.29
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: AAD, ASPS, AAO-HNS	First Identified: April 2008	2010 Medicare Utilization Data: 81,330	2007 Work RVU: 8.44 2007 NF PE RVU: 9.17 2007 Fac PE RVU: 7.17 Result: Maintain
RUC Recommendation: 8.44			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 8.60 2013 NF PE RVU: 12.95 2013 Fac PE RVU: 9.09

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14041 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 39,366 **2007 Work RVU:** 12.67 **2013 Work RVU:** 10.83
RUC Meeting: October 2008 **2007 NF PE RVU:** 11.37 **2013 NF PE RVU:** 15.75
2007 Fac PE RVU: 8.88 **2013 Fac PE RVU:** 10.82
RUC Recommendation: 10.63 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2010 Medicare Utilization Data:** 96,958 **2007 Work RVU:** 9.07 **2013 Work RVU:** 9.23
RUC Meeting: October 2008 **2007 NF PE RVU:** 9.02 **2013 NF PE RVU:** 12.59
2007 Fac PE RVU: 7.39 **2013 Fac PE RVU:** 9.56
RUC Recommendation: 9.07 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

14061 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 25,460 **2007 Work RVU:** 13.67 **2013 Work RVU:** 11.48
RUC Meeting: October 2008 **2007 NF PE RVU:** 12.45 **2013 NF PE RVU:** 17.11
2007 Fac PE RVU: 9.72 **2013 Fac PE RVU:** 11.68
RUC Recommendation: 11.25 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

14300 Deleted from CPT **Global:** 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** **2007 Work RVU:** 13.26 **2013 Work RVU:**
RUC Meeting: April 2009 **2007 NF PE RVU:** 11.77 **2013 NF PE RVU:**
2007 Fac PE RVU: 9.28 **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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14301 Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm **Global:** 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab 04

Specialty Developing Recommendation: ACS, AAO-HNS, ASPS

First Identified: September 2007

2010 Medicare Utilization Data: 20,197

2007 Work RVU:

2013 Work RVU: 12.65

2007 NF PE RVU:

2013 NF PE RVU: 17.47

2007 Fac PE RVU

2013 Fac PE RVU: 11.62

RUC Recommendation: 12.47

CPT Action (if applicable): February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

14302 Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab 04

Specialty Developing Recommendation: ACS, AAO-HNS, ASPS

First Identified: September 2007

2010 Medicare Utilization Data: 10,750

2007 Work RVU:

2013 Work RVU: 3.73

2007 NF PE RVU:

2013 NF PE RVU: 2.11

2007 Fac PE RVU

2013 Fac PE RVU: 2.11

RUC Recommendation: 3.73

CPT Action (if applicable): February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) **Global:** 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: AAO-HNS, ASPS

First Identified: September 2007

2010 Medicare Utilization Data: 11,166

2007 Work RVU: 10.96

2013 Work RVU: 10.15

2007 NF PE RVU: 10.87

2013 NF PE RVU: 13.56

2007 Fac PE RVU 7.71

2013 Fac PE RVU: 8.91

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

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15170 Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2010 Medicare Utilization Data: 1,547

2007 Work RVU: 5.99

2013 Work RVU:

2007 NF PE RVU: 3.79

2013 NF PE RVU:

2007 Fac PE RVU: 2.37

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

15171 Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2010 Medicare Utilization Data: 1,438

2007 Work RVU: 1.55

2013 Work RVU:

2007 NF PE RVU: 0.68

2013 NF PE RVU:

2007 Fac PE RVU: 0.60

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

15175 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 Specialty Developing Recommendation: APMA, ASPS

First Identified: October 2009

2010 Medicare Utilization Data: 2,011

2007 Work RVU: 7.99

2013 Work RVU:

2007 NF PE RVU: 5.4

2013 NF PE RVU:

2007 Fac PE RVU: 3.96

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

15176 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 239 **2007 Work RVU:** 2.45 **2013 Work RVU:**
RUC Meeting: February 2010 **2007 NF PE RVU:** 1.1 **2013 NF PE RVU:**

2007 Fac PE RVU 0.95 **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):**
Result: Deleted from CPT

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

15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less **Global:** 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 7,922 **2007 Work RVU:** 7.95 **2013 Work RVU:** 8.09
RUC Meeting: September 2007 **2007 NF PE RVU:** 9.5 **2013 NF PE RVU:** 13.72

RUC Recommendation: Reduce 99238 to 0.5 **2007 Fac PE RVU** 6.69 **2013 Fac PE RVU:** 9.01
Result: PE Only

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2010 Medicare Utilization Data:**
RUC Meeting: April 2011 **2007 Work RVU:** **2013 Work RVU:** 1.50
2007 NF PE RVU: **2013 NF PE RVU:** 2.27

RUC Recommendation: 1.50 **2007 Fac PE RVU** **2013 Fac PE RVU:** 0.80
Result: Decrease

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

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15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.33

2007 NF PE RVU:

2013 NF PE RVU: 0.38

2007 Fac PE RVU

2013 Fac PE RVU: 0.13

Result: Decrease

RUC Recommendation: 0.59

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

Global: 000

Issue: Chronic Wound Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 3.50

2007 NF PE RVU:

2013 NF PE RVU: 3.94

2007 Fac PE RVU

2013 Fac PE RVU: 1.61

Result: Decrease

RUC Recommendation: 3.50

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Chronic Wound Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.80

2007 NF PE RVU:

2013 NF PE RVU: 0.92

2007 Fac PE RVU

2013 Fac PE RVU: 0.32

Result: Decrease

RUC Recommendation: 0.80

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

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15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.83

2007 NF PE RVU:

2013 NF PE RVU: 2.41

2007 Fac PE RVU

2013 Fac PE RVU: 0.93

RUC Recommendation: 1.83

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Chronic Wound Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.50

2007 NF PE RVU:

2013 NF PE RVU: 0.45

2007 Fac PE RVU

2013 Fac PE RVU: 0.20

RUC Recommendation: 0.59

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children

Global: 000

Issue: Chronic Wound Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 4.00

2007 NF PE RVU:

2013 NF PE RVU: 4.22

2007 Fac PE RVU

2013 Fac PE RVU: 1.81

RUC Recommendation: 4.00

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Chronic Wound Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.00

2007 NF PE RVU:

2013 NF PE RVU: 1.06

2007 Fac PE RVU

2013 Fac PE RVU: 0.40

RUC Recommendation: 1.00

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

15320 Deleted from CPT

Global: 090

Issue: Skin Allograft

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: October 2009

2010 Medicare Utilization Data: 2,098

2007 Work RVU: 5.36

2013 Work RVU:

2007 NF PE RVU: 3.66

2013 NF PE RVU:

2007 Fac PE RVU 2.49

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

15321 Deleted from CPT

Global: ZZZ

Issue: Skin Allograft

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2010 Medicare Utilization Data: 1,128

2007 Work RVU: 1.50

2013 Work RVU:

2007 NF PE RVU: 0.69

2013 NF PE RVU:

2007 Fac PE RVU 0.57

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

15330 Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Allograft **Screen:** High IWPOT **Complete?** Yes

Most Recent **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,696 **2007 Work RVU:** 3.99 **2013 Work RVU:**
RUC Meeting: February 2008 **2007 NF PE RVU:** 3.18 **2013 NF PE RVU:**

2007 Fac PE RVU: 2.15 **2013 Fac PE RVU:**

RUC Recommendation: Remove from screen **CPT Action (if applicable):** **Result:** Remove from Screen

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

15331 Deleted from CPT **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,096 **2007 Work RVU:** 1.00 **2013 Work RVU:**
RUC Meeting: February 2010 **2007 NF PE RVU:** 0.46 **2013 NF PE RVU:**

2007 Fac PE RVU: 0.39 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** **Result:** Deleted from CPT

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

15335 Deleted from CPT **Global:** 090 **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2010 Medicare Utilization Data:** 1,754 **2007 Work RVU:** 4.50 **2013 Work RVU:**
RUC Meeting: February 2010 **2007 NF PE RVU:** 3.46 **2013 NF PE RVU:**

2007 Fac PE RVU: 2.35 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT

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

15336 Deleted from CPT **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 60 **2007 Work RVU:** 1.43 **2013 Work RVU:**
RUC Meeting: February 2010 **2007 NF PE RVU:** 0.7 **2013 NF PE RVU:**

2007 Fac PE RVU: 0.55 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15360 Deleted from CPT

Global: 090

Issue: Tissue Cultured Allogeneic
Dermal Substitute

Screen: Different Performing
Specialty from Survey

Complete? Yes

**Most Recent
RUC Meeting:** February 2010

Tab 31

**Specialty Developing
Recommendation:** APMA, ASPS

**First
Identified:** February 2010

**2010 Medicare
Utilization Data:** 899

2007 Work RVU: 3.93
2007 NF PE RVU: 4.47
2007 Fac PE RVU: 3.13

2013 Work RVU:
2013 NF PE RVU:
2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

15361 Deleted from CPT

Global: ZZZ

Issue: Tissue Cultured Allogeneic
Dermal Substitute

Screen: Different Performing
Specialty from Survey

Complete? Yes

**Most Recent
RUC Meeting:** February 2010

Tab 31

**Specialty Developing
Recommendation:** APMA, ASPS

**First
Identified:** February 2010

**2010 Medicare
Utilization Data:** 75

2007 Work RVU: 1.15
2007 NF PE RVU: 0.58
2007 Fac PE RVU: 0.44

2013 Work RVU:
2013 NF PE RVU:
2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

15365 Deleted from CPT

Global: 090

Issue: Tissue Cultured Allogeneic
Dermal Substitute

Screen: Different Performing
Specialty from Survey

Complete? Yes

**Most Recent
RUC Meeting:** February 2010

Tab 31

**Specialty Developing
Recommendation:** APMA, ASPS

**First
Identified:** October 2009

**2010 Medicare
Utilization Data:** 37,408

2007 Work RVU: 4.21
2007 NF PE RVU: 4.5
2007 Fac PE RVU: 3.2

2013 Work RVU:
2013 NF PE RVU:
2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

15366 Deleted from CPT

Global: ZZZ

Issue: Tissue Cultured Allogeneic
Dermal Substitute

Screen: Different Performing
Specialty from Survey

Complete? Yes

**Most Recent
RUC Meeting:** February 2010

Tab 31

**Specialty Developing
Recommendation:** APMA, ASPS

**First
Identified:** February 2010

**2010 Medicare
Utilization Data:** 357

2007 Work RVU: 1.45
2007 NF PE RVU: 0.7
2007 Fac PE RVU: 0.56

2013 Work RVU:
2013 NF PE RVU:
2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

15400 Deleted from CPT

Global: 090

Issue: Xenograft

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: September 2007

Tab 16

Specialty Developing
Recommendation: APMA, AAO-
HNS, ASPS

First
Identified: September 2007

2010 Medicare
Utilization Data: 4,220

2007 Work RVU: 4.38

2013 Work RVU:

2007 NF PE RVU: 4.25

2013 NF PE RVU:

2007 Fac PE RVU 3.95

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

15401 Deleted from CPT

Global: ZZZ

Issue: Xenograft

Screen: High Volume Growth

Complete? Yes

Most Recent
RUC Meeting: February 2008

Tab S

Specialty Developing
Recommendation: ACS, ASPS

First
Identified: February 2008

2010 Medicare
Utilization Data: 6,008

2007 Work RVU: 1.00

2013 Work RVU:

2007 NF PE RVU: 1.67

2013 NF PE RVU:

2007 Fac PE RVU 0.42

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

15420 Deleted from CPT

Global: 090

Issue: Xenograft Skin

Screen: Different Performing
Specialty from Survey

Complete? Yes

Most Recent
RUC Meeting: February 2010

Tab 31

Specialty Developing
Recommendation: APMA,
ASPS, AAD

First
Identified: October 2009

2010 Medicare
Utilization Data: 4,836

2007 Work RVU: 4.89

2013 Work RVU:

2007 NF PE RVU: 4.86

2013 NF PE RVU:

2007 Fac PE RVU 3.83

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2010

Published in CPT Asst:

15421 Deleted from CPT

Global: ZZZ

Issue: Xenograft Skin

Screen: Different Performing
Specialty from Survey

Complete? Yes

Most Recent
RUC Meeting: February 2010

Tab 31

Specialty Developing
Recommendation: APMA,
ASPS, AAD

First
Identified: February 2010

2010 Medicare
Utilization Data: 643

2007 Work RVU: 1.50

2013 Work RVU:

2007 NF PE RVU: 1.29

2013 NF PE RVU:

2007 Fac PE RVU 0.60

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2011

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

15570 Formation of direct or tubed pedicle, with or without transfer; trunk **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACS, ASPS, **First** **2010 Medicare** **2007 Work RVU:** 10.00 **2013 Work RVU:** 10.21
RUC Meeting: October 2008 **Recommendation:** AAO-HNS **Identified:** September 2007 **Utilization Data:** 439 **2007 NF PE RVU:** 11.09 **2013 NF PE RVU:** 15.19
2007 Fac PE RVU 6.71 **2013 Fac PE RVU:** 9.83
RUC Recommendation: 10.00 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

15572 Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACS, ASPS, **First** **2010 Medicare** **2007 Work RVU:** 9.94 **2013 Work RVU:** 10.12
RUC Meeting: October 2008 **Recommendation:** AAO-HNS **Identified:** April 2008 **Utilization Data:** 689 **2007 NF PE RVU:** 9.59 **2013 NF PE RVU:** 14.38
2007 Fac PE RVU 6.53 **2013 Fac PE RVU:** 10.17
RUC Recommendation: 9.94 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

15574 Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ASPS, AAO-HNS **First** **2010 Medicare** **2007 Work RVU:** 10.52 **2013 Work RVU:** 10.70
RUC Meeting: October 2008 **Recommendation:** HNS **Identified:** September 2007 **Utilization Data:** 2,089 **2007 NF PE RVU:** 10.64 **2013 NF PE RVU:** 14.82
2007 Fac PE RVU 7.6 **2013 Fac PE RVU:** 10.40
RUC Recommendation: 10.52 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

15576 Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral **Global:** 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ASPS, AAO-HNS **First** **2010 Medicare** **2007 Work RVU:** 9.24 **2013 Work RVU:** 9.37
RUC Meeting: October 2008 **Recommendation:** HNS **Identified:** September 2007 **Utilization Data:** 3,935 **2007 NF PE RVU:** 9.74 **2013 NF PE RVU:** 13.40
2007 Fac PE RVU 6.81 **2013 Fac PE RVU:** 9.32
RUC Recommendation: 9.24 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15732 Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) **Global:** 090 **Issue:** Muscle - Skin Graft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 16 **Specialty Developing Recommendation:** ASPS, AAO-HNS

First Identified: September 2007

2010 Medicare Utilization Data: 13,118

2007 Work RVU: 19.70

2013 Work RVU: 16.38

2007 NF PE RVU: 17.27

2013 NF PE RVU: 19.50

2007 Fac PE RVU 12.01

2013 Fac PE RVU: 14.62

Result: Decrease

RUC Recommendation: 19.83

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

15740 Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel

Global: 090

Issue: Dermatology and Plastic Surgery Procedures

Screen: Site of Service Anomaly / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 28 **Specialty Developing Recommendation:** AAD, ASPS

First Identified: September 2007

2010 Medicare Utilization Data: 5,635

2007 Work RVU: 11.57

2013 Work RVU: 11.80

2007 NF PE RVU: 11.01

2013 NF PE RVU: 16.81

2007 Fac PE RVU 8.58

2013 Fac PE RVU: 11.92

Result: Maintain

RUC Recommendation: 11.57

CPT Action (if applicable):

February 2009 & February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

15777 Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Chronic Wound Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 3.65

2007 NF PE RVU:

2013 NF PE RVU: 1.47

2007 Fac PE RVU

2013 Fac PE RVU: 1.47

Result: Decrease

RUC Recommendation: 3.65

CPT Action (if applicable):

February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Global: 090	Issue: Upper Eyelid Blepharoplasty	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 33	Specialty Developing Recommendation: AAO	First Identified: October 2009	2010 Medicare Utilization Data: 103,401	2007 Work RVU: 8.12 2007 NF PE RVU: 7.8 2007 Fac PE RVU: 6.41 2013 Work RVU: 6.81 2013 NF PE RVU: 10.69 2013 Fac PE RVU: 8.76
RUC Recommendation: 6.81	CPT Action (if applicable):			Published in CPT Asst:	
	Referred to CPT Asst <input type="checkbox"/>				

16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	Global: 000	Issue: Dressings/ Debridement of Partial-Thickness Burns	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 08	Specialty Developing Recommendation: ASPS, AAFP, AAPMR, ACS, AAP	First Identified: October 2009	2010 Medicare Utilization Data: 18,960	2007 Work RVU: 0.80 2007 NF PE RVU: 1.25 2007 Fac PE RVU: 0.58 2013 Work RVU: 0.71 2013 NF PE RVU: 1.64 2013 Fac PE RVU: 0.81
RUC Recommendation: 0.80	CPT Action (if applicable):			Published in CPT Asst:	
	Referred to CPT Asst <input type="checkbox"/>				

16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	Global: 000	Issue: Dressings/ Debridement of Partial-Thickness Burns	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 08	Specialty Developing Recommendation: ASPS, AAFP, AAPMR, ACS, AAP	First Identified: October 2009	2010 Medicare Utilization Data: 2,479	2007 Work RVU: 1.85 2007 NF PE RVU: 1.72 2007 Fac PE RVU: 0.94 2013 Work RVU: 1.74 2013 NF PE RVU: 2.38 2013 Fac PE RVU: 1.29
RUC Recommendation: 1.85	CPT Action (if applicable):			Published in CPT Asst:	
	Referred to CPT Asst <input type="checkbox"/>				

Status Report: CMS Requests and Relativity Assessment Issues

16030 Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

ACEP, ASPS, AAFP, AAPMR, ACS, AAP

First Identified: February 2010

2010 Medicare Utilization Data: 1,543

2007 Work RVU: 2.08

2013 Work RVU: 2.08

2007 NF PE RVU: 2.12

2013 NF PE RVU: 3.05

2007 Fac PE RVU: 1.08

2013 Fac PE RVU: 1.51

RUC Recommendation: CPT Assistant article published.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Oct 2012

Result: Maintain

17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion

Global: 010

Issue: Destruction of Premalignant Lesions

Screen: MPC List

Complete? No

Most Recent RUC Meeting: January 2013

Tab 19

Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 4,800,111

2007 Work RVU: 0.62

2013 Work RVU: 0.65

2007 NF PE RVU: 1.08

2013 NF PE RVU: 1.72

2007 Fac PE RVU: 0.59

2013 Fac PE RVU: 0.95

RUC Recommendation: Survey for work and PE postponed until April 2013 RUC meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

17003 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)

Global: ZZZ

Issue: Destruction of Premalignant Lesions

Screen: Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes

Complete? No

Most Recent RUC Meeting: January 2013

Tab 19

Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 15,161,441

2007 Work RVU: 0.07

2013 Work RVU: 0.07

2007 NF PE RVU: 0.11

2013 NF PE RVU: 0.12

2007 Fac PE RVU: 0.06

2013 Fac PE RVU: 0.05

RUC Recommendation: Survey for work and PE postponed until April 2013 RUC meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions **Global:** 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: January 2013

Tab 19 **Specialty Developing Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 740,858

2007 Work RVU: 1.82

2013 Work RVU: 1.85

2007 NF PE RVU: 2.33

2013 NF PE RVU: 2.95

2007 Fac PE RVU 1.54

2013 Fac PE RVU: 1.76

Result:

RUC Recommendation: Survey for work and PE postponed until April 2013 RUC meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2010 Medicare Utilization Data: 2,498

2007 Work RVU: 4.62

2013 Work RVU: 3.69

2007 NF PE RVU: 4.63

2013 NF PE RVU: 5.86

2007 Fac PE RVU 3.33

2013 Fac PE RVU: 3.90

Result: Decrease

RUC Recommendation: 3.61

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

17107 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2010 Medicare Utilization Data: 1,613

2007 Work RVU: 9.19

2013 Work RVU: 4.79

2007 NF PE RVU: 7.24

2013 NF PE RVU: 7.60

2007 Fac PE RVU 5.41

2013 Fac PE RVU: 4.97

Result: Decrease

RUC Recommendation: 4.68

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,436 **2007 Work RVU:** 13.22 **2013 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2013 NF PE RVU:** 10.34
2007 Fac PE RVU: 7.49 **2013 Fac PE RVU:** 6.87
Result: Decrease

RUC Recommendation: 6.37 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

17261 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 131,848 **2007 Work RVU:** 1.19 **2013 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2013 NF PE RVU:** 2.93
2007 Fac PE RVU: 0.90 **2013 Fac PE RVU:** 1.34
Result: Maintain

RUC Recommendation: 1.22 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

17262 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2010 Medicare Utilization Data:** 202,301 **2007 Work RVU:** 1.60 **2013 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2013 NF PE RVU:** 3.40
2007 Fac PE RVU: 1.09 **2013 Fac PE RVU:** 1.61
Result: Maintain

RUC Recommendation: 1.63 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17271 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 26 Specialty Developing Recommendation: AAD, AAFP

First Identified: February 2010

2010 Medicare Utilization Data: 57,313

2007 Work RVU: 1.51

2013 Work RVU: 1.54

2007 NF PE RVU: 2

2013 NF PE RVU: 3.14

2007 Fac PE RVU 1.05

2013 Fac PE RVU: 1.55

Result: Maintain

RUC Recommendation: 1.54

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

17272 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 26 Specialty Developing Recommendation: AAD, AAFP

First Identified: February 2010

2010 Medicare Utilization Data: 71,623

2007 Work RVU: 1.79

2013 Work RVU: 1.82

2007 NF PE RVU: 2.24

2013 NF PE RVU: 3.50

2007 Fac PE RVU 1.18

2013 Fac PE RVU: 1.73

Result: Maintain

RUC Recommendation: 1.82

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

17281 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 26 Specialty Developing Recommendation: AAD, AAFP

First Identified: February 2010

2010 Medicare Utilization Data: 130,602

2007 Work RVU: 1.74

2013 Work RVU: 1.77

2007 NF PE RVU: 2.12

2013 NF PE RVU: 3.31

2007 Fac PE RVU 1.16

2013 Fac PE RVU: 1.69

Result: Maintain

RUC Recommendation: 1.77

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	Global: 010	Issue: Destruction of Malignant Lesion	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 26 Specialty Developing Recommendation: AAD, AAFP	First Identified: October 2009	2010 Medicare Utilization Data: 107,468	2007 Work RVU: 2.06 2007 NF PE RVU: 2.41 2007 Fac PE RVU: 1.31 Result: Maintain	2013 Work RVU: 2.09 2013 NF PE RVU: 3.73 2013 Fac PE RVU: 1.90
RUC Recommendation: 2.09	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	Global: 000	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30 Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 514,703	2007 Work RVU: 6.20 2007 NF PE RVU: 10.79 2007 Fac PE RVU: 3.16 Result:	2013 Work RVU: 6.20 2013 NF PE RVU: 12.44 2013 Fac PE RVU: 4.07
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30 Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 397,870	2007 Work RVU: 3.30 2007 NF PE RVU: 6.92 2007 Fac PE RVU: 1.68 Result:	2013 Work RVU: 3.30 2013 NF PE RVU: 7.93 2013 Fac PE RVU: 2.16
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	Global: 000	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete?	No
Most Recent RUC Meeting:	Tab 30 January 2012	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data: 77,795	2007 Work RVU: 5.56 2007 NF PE RVU: 9.95 2007 Fac PE RVU 2.83	2013 Work RVU: 5.56 2013 NF PE RVU: 11.47 2013 Fac PE RVU: 3.65
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result:	

17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete?	No
Most Recent RUC Meeting:	Tab 30 January 2012	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data: 42,948	2007 Work RVU: 3.06 2007 NF PE RVU: 6.41 2007 Fac PE RVU 1.55	2013 Work RVU: 3.06 2013 NF PE RVU: 7.35 2013 Fac PE RVU: 2.01
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result:	

17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete?	No
Most Recent RUC Meeting:	Tab 30 January 2012	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data: 22,459	2007 Work RVU: 0.87 2007 NF PE RVU: 1.15 2007 Fac PE RVU 0.44	2013 Work RVU: 0.87 2013 NF PE RVU: 1.34 2013 Fac PE RVU: 0.57
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result:	

Status Report: CMS Requests and Relativity Assessment Issues

19020 Mastotomy with exploration or drainage of abscess, deep

Global: 090

Issue: Mastotomy

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: September 2007

Tab 16 **Specialty Developing Recommendation:** ACS

First Identified: September 2007

2010 Medicare Utilization Data: 1,989

2007 Work RVU: 3.74

2013 Work RVU: 3.83

2007 NF PE RVU: 6.39

2013 NF PE RVU: 9.77

2007 Fac PE RVU 2.76

2013 Fac PE RVU: 4.54

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

19102 Biopsy of breast; percutaneous, needle core, using imaging guidance

Global: 000

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent
RUC Meeting: January 2013

Tab 05 **Specialty Developing Recommendation:**

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 2.00

2013 Work RVU: 2.00

2007 NF PE RVU: 3.68

2013 NF PE RVU: 4.20

2007 Fac PE RVU 0.64

2013 Fac PE RVU: 0.74

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

19103 Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance

Global: 000

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent
RUC Meeting: January 2013

Tab 05 **Specialty Developing Recommendation:**

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 3.69

2013 Work RVU: 3.69

2007 NF PE RVU: 11.01

2013 NF PE RVU: 12.54

2007 Fac PE RVU 1.18

2013 Fac PE RVU: 1.38

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

191XX1

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

191XX2

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

191XX3

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

191XX4

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

191XX5

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

191XX6

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

19290 Preoperative placement of needle localization wire, breast;

Global: 000

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 05

Specialty Developing Recommendation:

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 1.27

2013 Work RVU: 1.27

2007 NF PE RVU: 2.81

2013 NF PE RVU: 3.34

2007 Fac PE RVU: 0.41

2013 Fac PE RVU: 0.47

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

19291 Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 05

Specialty Developing Recommendation:

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 0.63

2013 Work RVU: 0.63

2007 NF PE RVU: 1.17

2013 NF PE RVU: 1.35

2007 Fac PE RVU: 0.20

2013 Fac PE RVU: 0.23

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

19295 Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Breast Biopsy

Screen: CMS Fastest Growing / Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 05

Specialty Developing Recommendation:

First Identified: October 2008

2010 Medicare Utilization Data: 131,626

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 2.57

2013 NF PE RVU: 2.82

2007 Fac PE RVU: 2.02

2013 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

I929XX1

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

I929XX2

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

I929XX3

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

1929XX4

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

1929XX5

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

1929XX6

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

1929XX7

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result:

RUC Recommendation:

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

1929XX8

Global:

Issue: Breast Biopsy

Screen: Codes Reported
Together 75% or More-
Part2

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 05

Specialty Developing
Recommendation:

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result:

RUC Recommendation:

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

19318 Reduction mammoplasty

Global: 090

Issue: Mammoplasty

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent
RUC Meeting: September 2007

Tab 16

Specialty Developing
Recommendation: ASPS

First
Identified: September 2007

2010 Medicare
Utilization Data: 6,937

2007 Work RVU: 15.91

2013 Work RVU: 16.03

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 10.94

2013 Fac PE RVU: 13.90

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction

Global: 090

Issue: Insertion of Breast Prosthesis

Screen: CMS Request

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab 10

Specialty Developing Recommendation: ASPS

First Identified:

2010 Medicare Utilization Data: 2,623

2007 Work RVU: 6.32

2013 Work RVU: 13.99

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 3.07

2013 Fac PE RVU: 13.40

Result: Decrease

RUC Recommendation: 13.99

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion

Global: 090

Issue: Breast Reconstruction

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 20

Specialty Developing Recommendation: ASPS

First Identified: September 2007

2010 Medicare Utilization Data: 5,976

2007 Work RVU: 20.57

2013 Work RVU: 18.50

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 15.69

2013 Fac PE RVU: 23.34

Result: Decrease

RUC Recommendation: 18.50

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

20000 Deleted from CPT

Global: 010

Issue: Incision of Abscess

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: APMA, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 5,753

2007 Work RVU: 2.14

2013 Work RVU:

2007 NF PE RVU: 2.71

2013 NF PE RVU:

2007 Fac PE RVU 1.68

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

20005 Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)

Global: 010

Issue: Incision of Deep Abscess

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: ACS, AAO-HNS

First Identified: September 2007

2010 Medicare Utilization Data: 4,262

2007 Work RVU: 3.55

2013 Work RVU: 3.58

2007 NF PE RVU: 3.54

2013 NF PE RVU: 5.14

2007 Fac PE RVU 2.2

2013 Fac PE RVU: 2.81

Result: Maintain

RUC Recommendation: 3.55

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

20525 Removal of foreign body in muscle or tendon sheath; deep or complicated				Global: 010	Issue: Removal of Foreign Body	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation:	ACS, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 1,815	2007 Work RVU: 3.51 2007 NF PE RVU: 8.62 2007 Fac PE RVU 2.52 Result: PE Only	2013 Work RVU: 3.54 2013 NF PE RVU: 10.48 2013 Fac PE RVU: 3.23
RUC Recommendation: Reduce 99238 to 0.5				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
20550 Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")				Global: 000	Issue: Tendon Injections	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 38	Specialty Developing Recommendation:	APMA, AAPM, AAOS	First Identified: October 2008	2010 Medicare Utilization Data: 769,185	2007 Work RVU: 0.75 2007 NF PE RVU: 0.69 2007 Fac PE RVU 0.25 Result: Remove from Screen	2013 Work RVU: 0.75 2013 NF PE RVU: 0.89 2013 Fac PE RVU: 0.38
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
20551 Injection(s); single tendon origin/insertion				Global: 000	Issue: RAW	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 51	Specialty Developing Recommendation:	APMA, AAPM, AAOS	First Identified: October 2008	2010 Medicare Utilization Data: 152,826	2007 Work RVU: 0.75 2007 NF PE RVU: 0.67 2007 Fac PE RVU 0.32 Result: Remove from Screen	2013 Work RVU: 0.75 2013 NF PE RVU: 0.95 2013 Fac PE RVU: 0.42
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 09	Specialty Developing Recommendation: AAOS, ACRh, APMA, ASSH, AOFAS	First Identified: February 2010	2010 Medicare Utilization Data: 396,910	2007 Work RVU: 0.66 2007 NF PE RVU: 0.66 2007 Fac PE RVU: 0.34 2013 Work RVU: 0.66 2013 NF PE RVU: 0.66 2013 Fac PE RVU: 0.30
RUC Recommendation: 0.66 and new PE inputs	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		Result: Maintain
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 09	Specialty Developing Recommendation: AAOS, ACRh, APMA, ASSH, AOFAS	First Identified: October 2009	2010 Medicare Utilization Data: 499,253	2007 Work RVU: 0.68 2007 NF PE RVU: 0.76 2007 Fac PE RVU: 0.35 2013 Work RVU: 0.98 2013 NF PE RVU: 0.83 2013 Fac PE RVU: 0.45
RUC Recommendation: 0.68 and new PE inputs	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		Result: Maintain
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 39	Specialty Developing Recommendation: AAOS	First Identified: February 2010	2010 Medicare Utilization Data: 5,973,805	2007 Work RVU: 0.79 2007 NF PE RVU: 0.98 2007 Fac PE RVU: 0.42 2013 Work RVU: 0.79 2013 NF PE RVU: 0.86 2013 Fac PE RVU: 0.44
RUC Recommendation: 0.79 and new PE inputs	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

20694 Removal, under anesthesia, of external fixation system

Global: 090

Issue: External Fixation

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 5,351

2007 Work RVU: 4.20

2013 Work RVU: 4.28

2007 NF PE RVU: 6.69

2013 NF PE RVU: 7.71

2007 Fac PE RVU 3.92

2013 Fac PE RVU: 5.03

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

20900 Bone graft, any donor area; minor or small (eg, dowel or button)

Global: 000

Issue: Bone Graft Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 29

Specialty Developing Recommendation: AOFAS, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 3,008

2007 Work RVU: 5.77

2013 Work RVU: 3.00

2007 NF PE RVU: 8.65

2013 NF PE RVU: 9.26

2007 Fac PE RVU 5.5

2013 Fac PE RVU: 2.70

Result: Decrease

RUC Recommendation: 3.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

20902 Bone graft, any donor area; major or large

Global: 000

Issue: Bone Graft Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 29

Specialty Developing Recommendation: AOFAS, AAOS

First Identified: April 2008

2010 Medicare Utilization Data: 3,879

2007 Work RVU: 7.98

2013 Work RVU: 4.58

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 6.63

2013 Fac PE RVU: 3.63

Result: Decrease

RUC Recommendation: 4.58

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

20926 Tissue grafts, other (eg, paratenon, fat, dermis)

Global: 090

Issue: Tissue Grafts

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: AAOS, AAO-HNS, AANS

First Identified: October 2008

2010 Medicare Utilization Data: 14,944

2007 Work RVU: 5.70

2013 Work RVU: 5.79

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 4.67

2013 Fac PE RVU: 6.19

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; less than 2 cm			Global: 090	Issue: Radical Resection of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 6	Specialty Developing Recommendation:	ACS, AAOS, AAO-HNS, ASPS	First Identified: September 2007	2010 Medicare Utilization Data: 2,322	2007 Work RVU: 5.59 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.85 Result: Increase	2013 Work RVU: 9.89 2013 NF PE RVU: NA 2013 Fac PE RVU: 9.37
RUC Recommendation: 9.71				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	June 2008 Published in CPT Asst:		
<hr/>							
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible			Global: 090	Issue: Excision of Bone – Mandible	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 61	Specialty Developing Recommendation:	AAOMS	First Identified: September 2007	2010 Medicare Utilization Data: 1,407	2007 Work RVU: 11.07 2007 NF PE RVU: 12.32 2007 Fac PE RVU: 9.21 Result: Decrease	2013 Work RVU: 10.03 2013 NF PE RVU: 15.20 2013 Fac PE RVU: 10.90
RUC Recommendation: 10.03				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
21557	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; less than 5 cm			Global: 090	Issue: Radical Resection of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 6	Specialty Developing Recommendation:	ACS, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 1,211	2007 Work RVU: 8.91 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.13 Result: Decrease	2013 Work RVU: 14.75 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.99
RUC Recommendation: 14.57				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	June 2008 Published in CPT Asst:		
<hr/>							
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; less than 5 cm			Global: 090	Issue: Radical Resection of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 6	Specialty Developing Recommendation:	ACS, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 822	2007 Work RVU: 18.38 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.37 Result: Decrease	2013 Work RVU: 15.72 2013 NF PE RVU: NA 2013 Fac PE RVU: 11.67
RUC Recommendation: 15.54				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	June 2008 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

22214 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 2,051 **2007 Work RVU:** 20.77 **2013 Work RVU:** 21.02
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 13.53 **2013 Fac PE RVU:** 17.82

RUC Recommendation: Review September 2014 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:**

22520 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic **Global:** 010 **Issue:** Moderate Sedation PE Inputs **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 33 **Specialty Developing Recommendation:** ACR, NASS, ASNR, SIR, ASIPP, AANS/CNS **First Identified:** February 2009 **2010 Medicare Utilization Data:** 11,422 **2007 Work RVU:** 9.17 **2013 Work RVU:** 9.22
2007 NF PE RVU: 56.83 **2013 NF PE RVU:** 58.74
2007 Fac PE RVU: 4.84 **2013 Fac PE RVU:** 4.63

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2015 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:**

22521 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar **Global:** 010 **Issue:** Moderate Sedation PE Inputs **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: February 2009 **Tab** 33 **Specialty Developing Recommendation:** ACR, ASNR, NASS, SIR **First Identified:** September 2007 **2010 Medicare Utilization Data:** 12,100 **2007 Work RVU:** 8.60 **2013 Work RVU:** 8.65
2007 NF PE RVU: 52.87 **2013 NF PE RVU:** 59.43
2007 Fac PE RVU: 4.69 **2013 Fac PE RVU:** 4.58

RUC Recommendation: Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2015 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	Global: 010	Issue: Kyphoplasty	Screen: CMS Request: PE Review	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 47 Specialty Developing Recommendation: ACR, SIR	First Identified: September 2011	2010 Medicare Utilization Data: 21,675	2007 Work RVU: 9.21 2007 NF PE RVU: NA 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 9.04 2013 NF PE RVU: 224.62 2013 Fac PE RVU: 5.82
RUC Recommendation: New PE inputs		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	Global: 010	Issue: Kyphoplasty	Screen: CMS Request: PE Review	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 47 Specialty Developing Recommendation: ACR, SIR	First Identified: September 2011	2010 Medicare Utilization Data: 24,197	2007 Work RVU: 8.81 2007 NF PE RVU: NA 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 8.54 2013 NF PE RVU: 223.81 2013 Fac PE RVU: 5.60
RUC Recommendation: New PE inputs		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Kyphoplasty	Screen: CMS Request: PE Review	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 47 Specialty Developing Recommendation: ACR, SIR	First Identified: September 2011	2010 Medicare Utilization Data: 12,010	2007 Work RVU: 4.47 2007 NF PE RVU: NA 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 4.47 2013 NF PE RVU: 139.45 2013 Fac PE RVU: 2.12
RUC Recommendation: New PE inputs		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

22533 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar **Global:** 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 941 **2007 Work RVU:** 24.61 **2013 Work RVU:** 24.79 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 13.57 **2013 Fac PE RVU:** 18.53

RUC Recommendation: Remove from screen. CPT Assistant article published.

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☒

Published in CPT Asst: Oct 2009

22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 **Global:** 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 25.00 **2007 NF PE RVU:** **2013 NF PE RVU:** NA **2007 Fac PE RVU:** **2013 Fac PE RVU:** 18.34

RUC Recommendation: 24.50

CPT Action (if applicable): October 2009

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) **Global:** ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 6.50 **2007 NF PE RVU:** **2013 NF PE RVU:** NA **2007 Fac PE RVU:** **2013 Fac PE RVU:** 3.34

RUC Recommendation: 6.50

CPT Action (if applicable): October 2009

Result: Maintain

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2				Global: 090	Issue: Arthrodesis	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 5	Specialty Developing Recommendation: NASS, AANS/CNS	First Identified: February 2008	2010 Medicare Utilization Data: 34,259	2007 Work RVU: 17.54	2013 Work RVU: 17.69	
					2007 NF PE RVU: NA	2013 NF PE RVU: NA	
					2007 Fac PE RVU 11.97	2013 Fac PE RVU: 14.60	
RUC Recommendation: 4.04			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009	Published in CPT Asst:	Result: Maintain	
22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)				Global: ZZZ	Issue: Arthrodesis	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 05	Specialty Developing Recommendation: NASS, AANS/CNS	First Identified:	2010 Medicare Utilization Data: 36,908	2007 Work RVU: 5.52	2013 Work RVU: 5.52	
					2007 NF PE RVU: NA	2013 NF PE RVU: NA	
					2007 Fac PE RVU 2.62	2013 Fac PE RVU: 2.76	
RUC Recommendation: Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009	Published in CPT Asst:	Result: Maintain	
22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)				Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2013	Tab 30	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2010 Medicare Utilization Data: 65,834	2007 Work RVU: 23.38	2013 Work RVU: 23.53	
					2007 NF PE RVU: NA	2013 NF PE RVU: NA	
					2007 Fac PE RVU 13.83	2013 Fac PE RVU: 17.55	
RUC Recommendation: Review 3/4 2012 utilization data at the RAW in January 2013. The specialty societies ability to survey will change as surgeons are able to understand correct coding. 23.53			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010	Published in CPT Asst:	Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 04	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2010 Medicare Utilization Data: 99,337	2007 Work RVU: 6.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.15 Result: Decrease 2013 Work RVU: 6.43 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.33
RUC Recommendation: 6.43	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 04	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2010 Medicare Utilization Data: 30,901	2007 Work RVU: 21.89 2007 NF PE RVU: NA 2007 Fac PE RVU: 13.39 Result: Maintain 2013 Work RVU: 22.09 2013 NF PE RVU: NA 2013 Fac PE RVU: 17.53
RUC Recommendation: 22.09	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: October 2010		
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 04	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2010 Medicare Utilization Data: 11,473	2007 Work RVU: 5.22 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.51 Result: Decrease 2013 Work RVU: 5.22 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.70
RUC Recommendation: 5.22	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

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22633	Arthrodesis, combined posterior or posterolateral technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar			Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation:	AANS/CNS, AAOS, NASS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 27.75 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 27.75 2013 NF PE RVU: NA 2013 Fac PE RVU: 19.40
RUC Recommendation: 27.75				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		October 2010 Published in CPT Asst:		
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	February 2011	Tab 04	Specialty Developing Recommendation:	AANS/CNS, AAOS, NASS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 8.16 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 8.16 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.22
RUC Recommendation: 8.16				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		October 2010 Published in CPT Asst:		
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Spine Fixation Device	Screen: CMS Fastest Growing	Complete? Yes	
Most Recent RUC Meeting:	February 2009	Tab 38	Specialty Developing Recommendation:	AAOS, NASS, AANS	First Identified: October 2008	2010 Medicare Utilization Data: 4,101	2007 Work RVU: 13.44 2007 NF PE RVU: NA 2007 Fac PE RVU 6.28 Result: Remove from Screen	2013 Work RVU: 13.44 2013 NF PE RVU: NA 2013 Fac PE RVU: 6.99
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

22849 Reinsertion of spinal fixation device

Global: 090

Issue: Spinal Fixation

Screen: CMS Fastest Growing

Complete? No

Most Recent
RUC Meeting: September 2011

Tab 51

Specialty Developing Recommendation: AAOS, NASS, AANS/CNS

First Identified: October 2008

2010 Medicare Utilization Data: 3,836

2007 Work RVU: 19.08
2007 NF PE RVU: NA
2007 Fac PE RVU 11.39
2013 Work RVU: 19.17
2013 NF PE RVU: NA
2013 Fac PE RVU: 14.26

RUC Recommendation: Review September 2014

CPT Action (if applicable): June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Intervertebral Device

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes

Complete? No

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation: NASS, AANS

First Identified: October 2008

2010 Medicare Utilization Data: 93,182

2007 Work RVU: 6.70
2007 NF PE RVU: NA
2007 Fac PE RVU 3.18
2013 Work RVU: 6.70
2013 NF PE RVU: NA
2013 Fac PE RVU: 3.46

RUC Recommendation: Review utilization October 2014.

CPT Action (if applicable): October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

22900 Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm

Global: 090

Issue: Subfascial Excision of Soft Tissue Tumor

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2009

Tab 5

Specialty Developing Recommendation: ACS, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 1,471

2007 Work RVU: 6.14
2007 NF PE RVU: NA
2007 Fac PE RVU 3.3
2013 Work RVU: 8.32
2013 NF PE RVU: NA
2013 Fac PE RVU: 6.68

RUC Recommendation: 8.21

CPT Action (if applicable): June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

23076 Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm

Global: 090

Issue: Subfascial Excision of Soft Tissue Tumor

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2009

Tab 5

Specialty Developing Recommendation: ACS, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 1,009

2007 Work RVU: 7.77
2007 NF PE RVU: NA
2007 Fac PE RVU 5.5
2013 Work RVU: 7.41
2013 NF PE RVU: NA
2013 Fac PE RVU: 7.10

RUC Recommendation: 7.28

CPT Action (if applicable): June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23120 Claviclectomy; partial Global: 090 Issue: Claviclectomy Screen: Site of Service Anomaly Complete? Yes

Most Recent Tab 30 Specialty Developing AAOS First 2010 Medicare
 RUC Meeting: April 2008 Recommendation: Identified: September 2007 Utilization Data: 12,943

2007 Work RVU: 7.23 2013 Work RVU: 7.39
 2007 NF PE RVU: NA 2013 NF PE RVU: NA
 2007 Fac PE RVU 6.22 2013 Fac PE RVU: 8.61
 Result: Maintain

RUC Recommendation: 7.23 CPT Action (if applicable):
 Referred to CPT Asst ☐ Published in CPT Asst:

23130 Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release Global: 090 Issue: Removal of Bone Screen: Site of Service Anomaly (99238-Only) Complete? Yes

Most Recent Tab 16 Specialty Developing AAOS First 2010 Medicare
 RUC Meeting: September 2007 Recommendation: Identified: September 2007 Utilization Data: 5,827

2007 Work RVU: 7.63 2013 Work RVU: 7.77
 2007 NF PE RVU: NA 2013 NF PE RVU: NA
 2007 Fac PE RVU 6.88 2013 Fac PE RVU: 8.82
 Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 CPT Action (if applicable):
 Referred to CPT Asst ☐ Published in CPT Asst:

23350 Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography Global: 000 Issue: Injection for Shoulder X-Ray Screen: Harvard Valued - Utilization over 30,000 Complete? Yes

Most Recent Tab 13 Specialty Developing ACR, AAOS First 2010 Medicare
 RUC Meeting: September 2011 Recommendation: Identified: April 2011 Utilization Data: 32,653

2007 Work RVU: 1.00 2013 Work RVU: 1.00
 2007 NF PE RVU: 3.23 2013 NF PE RVU: 2.76
 2007 Fac PE RVU 0.32 2013 Fac PE RVU: 0.38
 Result: Maintain

RUC Recommendation: 1.00 CPT Action (if applicable):
 Referred to CPT Asst ☐ Published in CPT Asst:

23405 Tenotomy, shoulder area; single tendon Global: 090 Issue: Tenotomy Screen: Site of Service Anomaly (99238-Only) Complete? Yes

Most Recent Tab 16 Specialty Developing AAOS First 2010 Medicare
 RUC Meeting: September 2007 Recommendation: Identified: September 2007 Utilization Data: 2,512

2007 Work RVU: 8.43 2013 Work RVU: 8.54
 2007 NF PE RVU: NA 2013 NF PE RVU: NA
 2007 Fac PE RVU 6.69 2013 Fac PE RVU: 8.44
 Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 CPT Action (if applicable):
 Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** **AAOS** **First** **2010 Medicare** **2007 Work RVU:** 12.63 **2013 Work RVU:** 11.39
RUC Meeting: February 2008 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 4,930 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 9.02 **2013 Fac PE RVU:** 10.79
RUC Recommendation: 11.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** **AAOS** **First** **2010 Medicare** **2007 Work RVU:** 13.55 **2013 Work RVU:** 11.93
RUC Meeting: February 2008 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 22,578 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 9.49 **2013 Fac PE RVU:** 11.06
RUC Recommendation: 11.77 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23415 Coracoacromial ligament release, with or without acromioplasty **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 62 **Specialty Developing** **AAOS** **First** **2010 Medicare** **2007 Work RVU:** 10.09 **2013 Work RVU:** 9.23
RUC Meeting: October 2010 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 1,236 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 7.65 **2013 Fac PE RVU:** 9.64
RUC Recommendation: 9.23 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** **AAOS** **First** **2010 Medicare** **2007 Work RVU:** 14.75 **2013 Work RVU:** 13.54
RUC Meeting: February 2008 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 9,620 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 10.59 **2013 Fac PE RVU:** 12.58
RUC Recommendation: 13.35 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23430 Tenodesis of long tendon of biceps

Global: 090 **Issue:** Tenodesis

Screen: CMS Fastest Growing,
Site of Service Anomaly
(99238-Only)

Complete? Yes

**Most Recent
RUC Meeting:** October 2009

Tab 12

**Specialty Developing
Recommendation:** AAOS

**First
Identified:** September 2007

**2010 Medicare
Utilization Data:** 8,515

2007 Work RVU: 10.05

2013 Work RVU: 10.17

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 7.78

2013 Fac PE RVU: 10.12

Result: Maintain

RUC Recommendation: 10.17

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

23440 Resection or transplantation of long tendon of biceps

Global: 090 **Issue:** Tendon Transfer

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

**Most Recent
RUC Meeting:** September 2007

Tab 16

**Specialty Developing
Recommendation:** AAOS

**First
Identified:** September 2007

**2010 Medicare
Utilization Data:** 1,849

2007 Work RVU: 10.53

2013 Work RVU: 10.64

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 7.91

2013 Fac PE RVU: 9.70

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

Global: 090 **Issue:** Arthroplasty

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** October 2008

Tab 26

**Specialty Developing
Recommendation:** AAOS

**First
Identified:** October 2008

**2010 Medicare
Utilization Data:** 24,416

2007 Work RVU: 22.47

2013 Work RVU: 22.13

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 13.89

2013 Fac PE RVU: 16.84

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

23600 Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation **Global:** 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab 14 **Specialty Developing Recommendation:** AAOS

First Identified: April 2011

2010 Medicare Utilization Data: 36,584

2007 Work RVU: 3.00
2007 NF PE RVU: 4.43
2007 Fac PE RVU: 3.58

2013 Work RVU: 3.00
2013 NF PE RVU: 6.29
2013 Fac PE RVU: 5.70

RUC Recommendation: 3.00

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

25116 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum

Global: 090

Issue: Forearm Excision

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS

First Identified: September 2007

2010 Medicare Utilization Data: 1,040

2007 Work RVU: 7.38
2007 NF PE RVU: NA
2007 Fac PE RVU: 12.13
Result: Maintain

2013 Work RVU: 7.56
2013 NF PE RVU: NA
2013 Fac PE RVU: 8.93

RUC Recommendation: 7.56

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

25210 Carpectomy; 1 bone

Global: 090

Issue: Carpectomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 1,707

2007 Work RVU: 6.01
2007 NF PE RVU: NA
2007 Fac PE RVU: 6.49
Result: PE Only

2013 Work RVU: 6.12
2013 NF PE RVU: NA
2013 Fac PE RVU: 7.27

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

25260 Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS **First** **2010 Medicare**
RUC Meeting: September 2007 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 1,192

2007 Work RVU: 7.89 **2013 Work RVU:** 8.04
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 12.30 **2013 Fac PE RVU:** 9.19
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

25280 Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS **First** **2010 Medicare**
RUC Meeting: September 2007 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 1,475

2007 Work RVU: 7.28 **2013 Work RVU:** 7.39
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2013 Fac PE RVU:** 8.03
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

25310 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon **Global:** 090 **Issue:** Forearm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 15 **Specialty Developing** ASSH, AAOS **First** **2010 Medicare**
RUC Meeting: February 2008 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 7,273

2007 Work RVU: 8.26 **2013 Work RVU:** 8.08
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2013 Fac PE RVU:** 8.82
Result: Decrease

RUC Recommendation: 7.94

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

26080 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each **Global:** 090 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** No

Most Recent **Tab** 27 **Specialty Developing** ASSH, AAOS **First** **2010 Medicare**
RUC Meeting: October 2012 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 1,641

2007 Work RVU: 4.36 **2013 Work RVU:** 4.47
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2013 Fac PE RVU:** 6.35
Result:

RUC Recommendation: Re-review October 2014.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Published Sept 201

Status Report: CMS Requests and Relativity Assessment Issues

26356 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS
RUC Meeting: September 2007 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,138

2007 Work RVU: 10.22 **2013 Work RVU:** 10.62
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2013 Fac PE RVU:** 19.93
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon **Global:** 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 26 **Specialty Developing** AAOS, ASSH
RUC Meeting: April 2009 **Recommendation:**

First Identified: October 2008 **2010 Medicare Utilization Data:** 4,614

2007 Work RVU: 6.76 **2013 Work RVU:** 6.90
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2013 Fac PE RVU:** 14.22
Result: Maintain

RUC Recommendation: 6.76

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

27048 Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 05 **Specialty Developing** ACS, AAOS
RUC Meeting: February 2009 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 579

2007 Work RVU: 6.44 **2013 Work RVU:** 8.85
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2013 Fac PE RVU:** 7.45
Result: Increase

RUC Recommendation: 8.74

CPT Action (if applicable): June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

27062 Excision; trochanteric bursa or calcification **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 32 **Specialty Developing** AAOS
RUC Meeting: April 2008 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,297

2007 Work RVU: 5.66 **2013 Work RVU:** 5.75
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2013 Fac PE RVU:** 6.70
Result: Maintain

RUC Recommendation: 5.66

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Global: 000	Issue: Injection for Sacroiliac Joint	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 06	Specialty Developing Recommendation: AAPM, AAPMR, ASA, ASIPP, ISIS, NASS	First Identified: October 2009	2010 Medicare Utilization Data: 301,238	2007 Work RVU: 1.40 2007 NF PE RVU: 3.88 2007 Fac PE RVU: 0.33 2013 Work RVU: 1.48 2013 NF PE RVU: 3.39 2013 Fac PE RVU: 0.91
RUC Recommendation: 1.48			CPT Action (if applicable): February 2011	Result: Decrease	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Global: 090	Issue: Arthroplasty	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 20	Specialty Developing Recommendation: AAOS, AAHKS	First Identified: September 2011	2010 Medicare Utilization Data: 113,828	2007 Work RVU: 21.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.96 2013 Work RVU: 21.79 2013 NF PE RVU: NA 2013 Fac PE RVU: 16.62
RUC Recommendation: 21.79			CPT Action (if applicable):	Result: Decrease	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Global: 090	Issue: Open Treatment of Femoral Fracture	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 16	Specialty Developing Recommendation: AAOS	First Identified: September 2011	2010 Medicare Utilization Data: 66,351	2007 Work RVU: 17.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.85 2013 Work RVU: 17.61 2013 NF PE RVU: NA 2013 Fac PE RVU: 14.40
RUC Recommendation: 17.61			CPT Action (if applicable):	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

27244 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage **Global:** 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUP **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** AAOS
RUC Meeting: October 2008 **Recommendation:**

First
Identified: April 2008

2010 Medicare
Utilization Data: 21,789

2007 Work RVU: 17.08
2007 NF PE RVU: NA
2007 Fac PE RVU 10.91
Result: Increase

2013 Work RVU: 18.18
2013 NF PE RVU: NA
2013 Fac PE RVU: 14.72

RUC Recommendation: 18.00

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

27245 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage

Global: 090

Issue: Treat Thigh Fracture

Screen: High IWPUP / CMS
Fastest Growing

Complete? Yes

Most Recent **Tab** 12 **Specialty Developing** AAOS
RUC Meeting: October 2008 **Recommendation:**

First
Identified: February 2008

2010 Medicare
Utilization Data: 71,936

2007 Work RVU: 21.09
2007 NF PE RVU: NA
2007 Fac PE RVU 13.19
Result: Decrease

2013 Work RVU: 18.18
2013 NF PE RVU: NA
2013 Fac PE RVU: 14.73

RUC Recommendation: 18.00

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

27250 Closed treatment of hip dislocation, traumatic; without anesthesia

Global: 000

Issue: Closed Treatment of Hip
Dislocation

Screen: Site of Service Anomaly

Complete? Yes

Most Recent **Tab** 18 **Specialty Developing** ACEP
RUC Meeting: February 2008 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 3,120

2007 Work RVU: 7.21
2007 NF PE RVU: NA
2007 Fac PE RVU 4.54
Result: Decrease

2013 Work RVU: 3.82
2013 NF PE RVU: NA
2013 Fac PE RVU: 0.88

RUC Recommendation: 3.82

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

27324 Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)

Global: 090

Issue: Soft Tissue Biopsy

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent **Tab** 16 **Specialty Developing** ACS, AAOS
RUC Meeting: September 2007 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 931

2007 Work RVU: 4.95
2007 NF PE RVU: NA
2007 Fac PE RVU 4.1
Result: PE Only

2013 Work RVU: 5.04
2013 NF PE RVU: NA
2013 Fac PE RVU: 5.67

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

27370	Injection procedure for knee arthrography	Global: 000	Issue: Injection for Knee Arthrography	Screen: High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40	Specialty Developing Recommendation: AAOS, ACR	First Identified: February 2008	2010 Medicare Utilization Data: 21,440	2007 Work RVU: 0.96 2007 NF PE RVU: 3.47 2007 Fac PE RVU: 0.32 2013 Work RVU: 0.96 2013 NF PE RVU: 3.90 2013 Fac PE RVU: 0.45
RUC Recommendation: CPT Assistant Article published			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: Clinical Examples

27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Global: 090	Issue: Arthroplasty	Screen: CMS High Expenditure Procedural Codes / Harvard-Valued with Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 20	Specialty Developing Recommendation: AAOS, AAHKS	First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 16.26 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.81 2013 Work RVU: 16.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 13.14
RUC Recommendation: 17.48			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:

27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Global: 090	Issue: Arthroplasty	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 20	Specialty Developing Recommendation: AAOS, AAHKS	First Identified: September 2011	2010 Medicare Utilization Data: 270,073	2007 Work RVU: 23.04 2007 NF PE RVU: NA 2007 Fac PE RVU: 14.14 2013 Work RVU: 23.25 2013 NF PE RVU: NA 2013 Fac PE RVU: 17.77
RUC Recommendation: 19.60			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:

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27615 Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 694 **2007 Work RVU:** 12.93 **2013 Work RVU:** 15.72
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 9.07 **2013 Fac PE RVU:** 11.53
RUC Recommendation: 15.54 **CPT Action (if applicable):** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 799 **2007 Work RVU:** 8.47 **2013 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.79 **2013 Fac PE RVU:** 6.10
RUC Recommendation: 6.80 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,499 **2007 Work RVU:** 12.10 **2013 Work RVU:** 12.24
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 9.79 **2013 Fac PE RVU:** 10.35
RUC Recommendation: 12.10 **CPT Action (if applicable):** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 821 **2007 Work RVU:** 9.73 **2013 Work RVU:** 9.84
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 7.96 **2013 Fac PE RVU:** 8.21
RUC Recommendation: 9.72 **CPT Action (if applicable):** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27650 Repair, primary, open or percutaneous, ruptured Achilles tendon; **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** AAOS, **First** **2010 Medicare** **2007 Work RVU:** 9.94 **2013 Work RVU:** 9.21
RUC Meeting: February 2008 **Recommendation:** AOFAS, **Identified:** September 2007 **Utilization Data:** 1,901 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
 APMA **2007 Fac PE RVU:** 7.22 **2013 Fac PE RVU:** 9.13
RUC Recommendation: 9.00 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 Repair, secondary, Achilles tendon, with or without graft **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 33 **Specialty Developing** AOFAS, **First** **2010 Medicare** **2007 Work RVU:** 10.32 **2013 Work RVU:** 10.53
RUC Meeting: April 2008 **Recommendation:** APMA, AAOS **Identified:** September 2007 **Utilization Data:** 1,663 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 6.86 **2013 Fac PE RVU:** 8.94
RUC Recommendation: 10.32 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS **First** **2010 Medicare** **2007 Work RVU:** 6.57 **2013 Work RVU:** 6.69
RUC Meeting: September 2007 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 3,481 **2007 NF PE RVU:** 7.68 **2013 NF PE RVU:** 12.47
2007 Fac PE RVU: 5.26 **2013 Fac PE RVU:** 6.21
RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

27687 Gastrocnemius recession (eg, Strayer procedure) **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS **First** **2010 Medicare** **2007 Work RVU:** 6.30 **2013 Work RVU:** 6.41
RUC Meeting: September 2007 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 3,762 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.12 **2013 Fac PE RVU:** 6.25
RUC Recommendation: Reduce 99238 to 0.5 **CPT Action (if applicable):** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

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27690 Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 34 Specialty Developing Recommendation: AOFAS, APMA, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 1,847

2007 Work RVU: 8.96

2013 Work RVU: 9.17

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 6.15

2013 Fac PE RVU: 8.34

Result: Maintain

RUC Recommendation: 8.96

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

27691 Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 34 Specialty Developing Recommendation: AOFAS, APMA, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 3,022

2007 Work RVU: 10.28

2013 Work RVU: 10.49

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 7.51

2013 Fac PE RVU: 10.11

Result: Maintain

RUC Recommendation: 10.28

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed **Global:** 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 18 Specialty Developing Recommendation: AAOS, AOFAS,

First Identified: June 2010

2010 Medicare Utilization Data: 6,387

2007 Work RVU: 7.91

2013 Work RVU: 8.75

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 6.71

2013 Fac PE RVU: 9.11

Result: Maintain

RUC Recommendation: 9.71

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

27818 Closed treatment of trimalleolar ankle fracture; with manipulation

Global: 090

Issue: Treatment of Fracture

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS
RUC Meeting: September 2007 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 2,091

2007 Work RVU: 5.57

2013 Work RVU: 5.69

2007 NF PE RVU: 6.14

2013 NF PE RVU: 7.83

2007 Fac PE RVU 5

2013 Fac PE RVU: 6.30

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

28111 Ostectomy, complete excision; first metatarsal head

Global: 090

Issue: Ostectomy

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

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

First
Identified: September 2007

2010 Medicare
Utilization Data: 1,002

2007 Work RVU: 5.06

2013 Work RVU: 5.15

2007 NF PE RVU: 6.55

2013 NF PE RVU: 9.62

2007 Fac PE RVU 3.58

2013 Fac PE RVU: 4.14

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

28118 Ostectomy, calcaneus;

Global: 090

Issue: Ostectomy

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

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

First
Identified: September 2007

2010 Medicare
Utilization Data: 1,951

2007 Work RVU: 6.02

2013 Work RVU: 6.13

2007 NF PE RVU: 6.68

2013 NF PE RVU: 11.23

2007 Fac PE RVU 4.28

2013 Fac PE RVU: 5.45

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

Global: 090

Issue: Removal of Foot Bone

Screen: Site of Service Anomaly

Complete? Yes

Most Recent **Tab** 19 **Specialty Developing** AOFAS, APMA, AAOS
RUC Meeting: February 2011 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 4,402

2007 Work RVU: 5.64

2013 Work RVU: 7.31

2007 NF PE RVU: 7.5

2013 NF PE RVU: 12.33

2007 Fac PE RVU 4.31

2013 Fac PE RVU: 6.58

Result: Increase

RUC Recommendation: 8.27

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus **Global:** 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 11,673

2007 Work RVU: 7.56

2013 Work RVU: 6.76

2007 NF PE RVU: 7.27

2013 NF PE RVU: 10.74

2007 Fac PE RVU 5.17

2013 Fac PE RVU: 5.66

Result: Maintain

RUC Recommendation: 7.72

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe

Global: 090 **Issue:** Toe Removal

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007

2010 Medicare Utilization Data: 14,081

2007 Work RVU: 4.88

2013 Work RVU: 5.00

2007 NF PE RVU: 5.46

2013 NF PE RVU: 9.03

2007 Fac PE RVU 3.62

2013 Fac PE RVU: 4.39

Result: PE Only

RUC Recommendation: Remove 99238

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: February 2010

2010 Medicare Utilization Data: 85,690

2007 Work RVU: 4.65

2013 Work RVU: 5.62

2007 NF PE RVU: 5.34

2013 NF PE RVU: 10.03

2007 Fac PE RVU 3.42

2013 Fac PE RVU: 5.05

Result: Increase

RUC Recommendation: 5.62

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	Global: 090	Issue: Hallus Valgus Correction	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab 23 Specialty Developing Recommendation: AAOS, AOFAS, APMA	First Identified: September 2007	2010 Medicare Utilization Data: 17,220	2007 Work RVU: 9.31 2007 NF PE RVU: 8.54 2007 Fac PE RVU: 5.29 Result: Decrease	2013 Work RVU: 8.35 2013 NF PE RVU: 12.40 2013 Fac PE RVU: 6.33
RUC Recommendation: 8.16	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	Global: 090	Issue: Correction of Bunion	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16 Specialty Developing Recommendation: APMA, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 2,409	2007 Work RVU: 8.01 2007 NF PE RVU: 7.74 2007 Fac PE RVU: 4.91 Result: PE Only	2013 Work RVU: 8.13 2013 NF PE RVU: 12.86 2013 Fac PE RVU: 6.00
RUC Recommendation: Reduce 99238 to 0.5	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	Global: 090	Issue: Osteotomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16 Specialty Developing Recommendation: AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 2,263	2007 Work RVU: 9.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.81 Result: PE Only	2013 Work RVU: 9.73 2013 NF PE RVU: NA 2013 Fac PE RVU: 8.24
RUC Recommendation: Reduce 99238 to 0.5	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Global: 090	Issue: Osteotomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16 Specialty Developing Recommendation: APMA, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 2,214	2007 Work RVU: 5.48 2007 NF PE RVU: 6.2 2007 Fac PE RVU: 3.53 Result: PE Only	2013 Work RVU: 5.57 2013 NF PE RVU: 10.44 2013 Fac PE RVU: 4.47
RUC Recommendation: Reduce 99238 to 0.5	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

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28470	Closed treatment of metatarsal fracture; without manipulation, each	Global: 090	Issue: Treatment of Metatarsal Fracture	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 15	Specialty Developing Recommendation: AAOS, APMA, AOFAS	First Identified: April 2011	2010 Medicare Utilization Data: 39,926	2007 Work RVU: 1.99 2007 NF PE RVU: 3.05 2007 Fac PE RVU: 2.43 Result: Maintain
RUC Recommendation: 2.03			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2.03 2013 NF PE RVU: 4.35 2013 Fac PE RVU: 3.89
<hr/>					
28725	Arthrodesis; subtalar	Global: 090	Issue: Foot Arthrodesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 20	Specialty Developing Recommendation: AOFAS, APMA, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 2,928	2007 Work RVU: 11.97 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.93 Result: Maintain
RUC Recommendation: 12.18			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 11.22 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.14
<hr/>					
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	Global: 090	Issue: Foot Arthrodesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 20	Specialty Developing Recommendation: AOFAS, APMA, AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 1,985	2007 Work RVU: 12.21 2007 NF PE RVU: NA 2007 Fac PE RVU: 8.32 Result: Maintain
RUC Recommendation: 12.42			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 10.70 2013 NF PE RVU: NA 2013 Fac PE RVU: 9.53
<hr/>					
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	Global: 090	Issue: Arthrodesis	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: AAOS	First Identified: September 2007	2010 Medicare Utilization Data: 2,366	2007 Work RVU: 9.09 2007 NF PE RVU: 10.89 2007 Fac PE RVU: 6.37 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 9.29 2013 NF PE RVU: 15.11 2013 Fac PE RVU: 7.99

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28825 Amputation, toe; interphalangeal joint **Global:** 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 21 **Specialty Developing** AOFAS, **First** **2010 Medicare** **2007 Work RVU:** 3.71 **2013 Work RVU:** 5.37
RUC Meeting: February 2011 **Recommendation:** ACS, APMA, **Identified:** September 2007 **Utilization Data:** 9,855 **2007 NF PE RVU:** 7.04 **2013 NF PE RVU:** 10.51
2007 Fac PE RVU 3.4 **2013 Fac PE RVU:** 5.10
RUC Recommendation: 6.01 **CPT Action (if applicable):** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

29075 Application, cast; elbow to finger (short arm) **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAOS, ASSH **First** **2010 Medicare** **2007 Work RVU:** 0.77 **2013 Work RVU:** 0.77
RUC Meeting: September 2011 **Recommendation:** **Identified:** April 2011 **Utilization Data:** 72,132 **2007 NF PE RVU:** 1.25 **2013 NF PE RVU:** 1.72
2007 Fac PE RVU 0.68 **2013 Fac PE RVU:** 0.96
RUC Recommendation: 0.77 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 Deleted from CPT **Global:** 000 **Issue:** Strapping; low back **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** AAFP **First** **2010 Medicare** **2007 Work RVU:** 0.64 **2013 Work RVU:**
RUC Meeting: April 2008 **Recommendation:** **Identified:** February 2008 **Utilization Data:** **2007 NF PE RVU:** 0.69 **2013 NF PE RVU:**
2007 Fac PE RVU 0.38 **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Deleted from CPT,

29540 Strapping; ankle and/or foot **Global:** 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab** 34 **Specialty Developing** APMA **First** **2010 Medicare** **2007 Work RVU:** 0.51 **2013 Work RVU:** 0.39
RUC Meeting: April 2010 **Recommendation:** **Identified:** October 2009 **Utilization Data:** 301,288 **2007 NF PE RVU:** 0.45 **2013 NF PE RVU:** 0.69
2007 Fac PE RVU 0.31 **2013 Fac PE RVU:** 0.35
RUC Recommendation: 0.39 **CPT Action (if applicable):** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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29550 Strapping; toes **Global:** 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 34 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 83,230 **2007 Work RVU:** 0.47 **2013 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2013 NF PE RVU:** 0.69
2007 Fac PE RVU: 0.29 **2013 Fac PE RVU:** 0.32
Result: Decrease

RUC Recommendation: 0.25 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

29590 Denis-Browne splint strapping **Global:** 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,932 **2007 Work RVU:** 0.76 **2013 Work RVU:**
2007 NF PE RVU: 0.54 **2013 NF PE RVU:**
2007 Fac PE RVU: 0.29 **2013 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Refer to CPT for deletion **CPT Action (if applicable):** February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 889 **2007 Work RVU:** 5.94 **2013 Work RVU:** 6.03
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.44 **2013 Fac PE RVU:** 6.86
Result: PE Only

RUC Recommendation: No NF PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 Arthroscopy, shoulder, surgical; debridement, limited **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 10,580 **2007 Work RVU:** 7.49 **2013 Work RVU:** 7.60
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 6.43 **2013 Fac PE RVU:** 8.04
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29823 Arthroscopy, shoulder, surgical; debridement, extensive

Global: 090 **Issue:**

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? Yes

**Most Recent
RUC Meeting:** October 2012

Tab 27

**Specialty Developing
Recommendation:**

**First
Identified:** October 2012

**2010 Medicare
Utilization Data:**

2007 Work RVU: 8.24

2013 Work RVU: 8.36

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 6.94

2013 Fac PE RVU: 8.71

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)

Global: 090 **Issue:** RAW

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** January 2013

Tab 34

**Specialty Developing
Recommendation:** AAOS

**First
Identified:** February 2010

**2010 Medicare
Utilization Data:** 35,576

2007 Work RVU: 8.82

2013 Work RVU: 8.98

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 7.3

2013 Fac PE RVU: 9.45

Result: Maintain

RUC Recommendation: 8.82. Re-review October 2015

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)

Global: ZZZ **Issue:** RAW

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** January 2013

Tab 34

**Specialty Developing
Recommendation:** AAOS

**First
Identified:** February 2010

**2010 Medicare
Utilization Data:** 77,344

2007 Work RVU: 9.05

2013 Work RVU: 3.00

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 7.21

2013 Fac PE RVU: 1.60

Result: Decrease

RUC Recommendation: 3.00. Re-review October 2015

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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29827	Arthroscopy, shoulder, surgical; with rotator cuff repair				Global: 090	Issue: RAW	Screen: CMS Fastest Growing/ Codes Reported Together 75% or More- Part1	Complete? Yes				
Most Recent RUC Meeting:	January 2013	Tab 34	Specialty Developing Recommendation:	AAOS	First Identified:	October 2008	2010 Medicare Utilization Data:	47,064	2007 Work RVU:	15.44	2013 Work RVU:	15.59
									2007 NF PE RVU:	NA	2013 NF PE RVU:	NA
									2007 Fac PE RVU	11.01	2013 Fac PE RVU:	13.23
RUC Recommendation:	15.59. Re-review October 2015				CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:	Result:	Maintain		
<hr/>												
29828	Arthroscopy, shoulder, surgical; biceps tenodesis				Global: 090	Issue: RAW	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes				
Most Recent RUC Meeting:	January 2013	Tab 34	Specialty Developing Recommendation:	AAOS	First Identified:	February 2010	2010 Medicare Utilization Data:	6,927	2007 Work RVU:		2013 Work RVU:	13.16
									2007 NF PE RVU:		2013 NF PE RVU:	NA
									2007 Fac PE RVU		2013 Fac PE RVU:	11.71
RUC Recommendation:	13.16. Re-review October 2015				CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:	Result:	Maintain		
<hr/>												
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)				Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes				
Most Recent RUC Meeting:	April 2008	Tab 51	Specialty Developing Recommendation:	AAOS	First Identified:	NA	2010 Medicare Utilization Data:	94	2007 Work RVU:	5.80	2013 Work RVU:	5.88
									2007 NF PE RVU:	NA	2013 NF PE RVU:	NA
									2007 Fac PE RVU	5.14	2013 Fac PE RVU:	6.48
RUC Recommendation:	No NF PE inputs				CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:	Result:	PE Only		

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29840 Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure) **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 115 **2007 Work RVU:** 5.59 **2013 Work RVU:** 5.68
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.16 **2013 Fac PE RVU:** 6.68

RUC Recommendation: No NF PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 1,783 **2007 Work RVU:** 5.11 **2013 Work RVU:** 5.19
2007 NF PE RVU: NA **2013 NF PE RVU:** 11.50
2007 Fac PE RVU: 4.72 **2013 Fac PE RVU:** 6.11

RUC Recommendation: New PE non-facility inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

29888 Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction **Global:** 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,699 **2007 Work RVU:** 14.14 **2013 Work RVU:** 14.30
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2013 Fac PE RVU:** 12.27

RUC Recommendation: 14.14

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

29900 Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2010 Medicare Utilization Data:** 3 **2007 Work RVU:** 5.74 **2013 Work RVU:** 5.88
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.6 **2013 Fac PE RVU:** 7.10

RUC Recommendation: No NF PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

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30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)		Global: 090	Issue: Repair Nasal Stenosis	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation:	AAO-HNS	First Identified: September 2007	2010 Medicare Utilization Data: 1,582	2007 Work RVU: 12.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 11.58 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 12.36 2013 NF PE RVU: NA 2013 Fac PE RVU: 15.39
<hr/>						
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method		Global: 000	Issue: Control Nasal Hemorrhage	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 35	Specialty Developing Recommendation:	AAO-HNS	First Identified: October 2009	2010 Medicare Utilization Data: 115,779	2007 Work RVU: 1.21 2007 NF PE RVU: 1.32 2007 Fac PE RVU: 0.31 Result: Maintain
RUC Recommendation: 1.21				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 1.10 2013 NF PE RVU: 1.62 2013 Fac PE RVU: 0.40
<hr/>						
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)		Global: 000	Issue: Diagnostic Nasal Endoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 19	Specialty Developing Recommendation:	AAO-HNS	First Identified: October 2010	2010 Medicare Utilization Data: 390,494	2007 Work RVU: 1.10 2007 NF PE RVU: 3.37 2007 Fac PE RVU: 0.84 Result: Maintain
RUC Recommendation: 1.10				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 1.10 2013 NF PE RVU: 5.38 2013 Fac PE RVU: 0.69
<hr/>						
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)		Global: 000	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 87,501	2007 Work RVU: 2.98 2007 NF PE RVU: 5.03 2007 Fac PE RVU: 1.72 Result:
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2.98 2013 NF PE RVU: 6.50 2013 Fac PE RVU: 2.01

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31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Global: 000	Issue:	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data: 25,127	2007 Work RVU: 3.26 2007 NF PE RVU: 5.04 2007 Fac PE RVU: 1.90 2013 Work RVU: 3.26 2013 NF PE RVU: 6.41 2013 Fac PE RVU: 2.14
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Global: 010	Issue:	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data: 1,081	2007 Work RVU: 9.23 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.59 2013 Work RVU: 9.33 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.10
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	Global: 000	Issue:	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data: 3,554	2007 Work RVU: 2.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.59 2013 Work RVU: 2.61 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.83
RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	Global: 000	Issue: Laryngoscopy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: AAO-HNS	First Identified: September 2007	2010 Medicare Utilization Data: 3,323	2007 Work RVU: 4.26 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.36 2013 Work RVU: 4.26 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.62
RUC Recommendation: Reduce 99238 to 0.5			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only

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31575	Laryngoscopy, flexible fiberoptic; diagnostic	Global: 000	Issue:	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 41 Specialty Developing Recommendation:	First Identified: October 2010	2010 Medicare Utilization Data: 576,744	2007 Work RVU: 1.10 2007 NF PE RVU: 1.82 2007 Fac PE RVU: 0.84 Result: Maintain	2013 Work RVU: 1.10 2013 NF PE RVU: 2.24 2013 Fac PE RVU: 1.06
RUC Recommendation: Reaffirmed RUC recommendation		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	Global: 000	Issue: Laryngoscopy	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 26 Specialty Developing Recommendation: AAO-HNS	First Identified: October 2008	2010 Medicare Utilization Data: 52,389	2007 Work RVU: 2.26 2007 NF PE RVU: 3.5 2007 Fac PE RVU: 1.37 Result: Remove from Screen	2013 Work RVU: 2.26 2013 NF PE RVU: 3.84 2013 Fac PE RVU: 1.65
RUC Recommendation: Remove from screen		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	Global: 090	Issue: Speech Prosthesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S Specialty Developing Recommendation: AAO-HNS	First Identified: September 2007	2010 Medicare Utilization Data: 887	2007 Work RVU: 5.92 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.92 Result: PE Only	2013 Work RVU: 6.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 9.59
RUC Recommendation: Reduce 99238 to 0.5		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting:	Tab Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.99 2007 NF PE RVU: 20.21 2007 Fac PE RVU: 1.26 Result: Deleted from CPT	2013 Work RVU: 3.99 2013 NF PE RVU: 23.34 2013 Fac PE RVU: 1.41
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): October 2012 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

32420 Pneumocentesis, puncture of lung for aspiration **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 409 **2007 Work RVU:** 2.18 **2013 Work RVU:**
RUC Meeting: September 2011 **2007 NF PE RVU:** NA **2013 NF PE RVU:**
2007 Fac PE RVU 0.66 **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32421 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2010 Medicare Utilization Data:** 100,681 **2007 Work RVU:** **2013 Work RVU:**
RUC Meeting: September 2011 **2007 NF PE RVU:** **2013 NF PE RVU:**
2007 Fac PE RVU **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

32422 Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure) **Global:** 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 123,629 **2007 Work RVU:** **2013 Work RVU:**
RUC Meeting: September 2011 **2007 NF PE RVU:** **2013 NF PE RVU:**
2007 Fac PE RVU **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32440 Removal of lung, pneumonectomy;

Global: 090 **Issue:** RAW Review

Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

First Identified: November 2011

2010 Medicare Utilization Data: 713

2007 Work RVU: 27.17

2013 Work RVU: 27.28

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 12.44

2013 Fac PE RVU: 13.16

Result: Remove from screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)

Global: 090 **Issue:** RAW Review

Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

First Identified: November 2011

2010 Medicare Utilization Data: 11,086

2007 Work RVU: 25.71

2013 Work RVU: 25.82

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 11.63

2013 Fac PE RVU: 12.40

Result: Remove from screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	Global: 090	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 34	Specialty Developing Recommendation:	First Identified: November 2011	2010 Medicare Utilization Data: 788	2007 Work RVU: 27.28 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.48 2013 Work RVU: 27.44 2013 NF PE RVU: NA 2013 Fac PE RVU: 13.54 Result: Remove from screen
RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoroscopic procedures.		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	Global: 090	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: November 2011	2010 Medicare Utilization Data: 97	2007 Work RVU: 25.09 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.13 2013 Work RVU: 25.24 2013 NF PE RVU: NA 2013 Fac PE RVU: 12.87 Result:
RUC Recommendation: Request further information from CMS		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	Global: 000	Issue: Chest Tube Thoracostomy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 10	Specialty Developing Recommendation: ACCP, ATS, ACR, ACS, SIR, SCCM, STS	First Identified: April 2011	2010 Medicare Utilization Data: 63,483	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2013 Work RVU: 3.29 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.22
RUC Recommendation: 3.50		CPT Action (if applicable):		Result: Increase	
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

32554 Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 1.82

2007 NF PE RVU: **2013 NF PE RVU:** 24.32

2007 Fac PE RVU **2013 Fac PE RVU:** 0.65

RUC Recommendation: 1.82 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

32555 Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 2.27

2007 NF PE RVU: **2013 NF PE RVU:** 14.41

2007 Fac PE RVU **2013 Fac PE RVU:** 0.81

RUC Recommendation: 2.27 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

32556 Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 2.50

2007 NF PE RVU: **2013 NF PE RVU:** 15.06

2007 Fac PE RVU **2013 Fac PE RVU:** 0.88

RUC Recommendation: 2.50 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

32557 Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 3.12

2007 NF PE RVU: **2013 NF PE RVU:** 28.88

2007 Fac PE RVU **2013 Fac PE RVU:** 1.07

RUC Recommendation: 3.62 **CPT Action (if applicable):** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

32663	Thoracoscopy, surgical; with lobectomy (single lobe)	Global: 090	Issue: RAW review	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation: STS	First Identified: October 2008	2010 Medicare Utilization Data: 4,969	2007 Work RVU: 24.56 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.44 Result: Remove from Screen	2013 Work RVU: 24.64 2013 NF PE RVU: NA 2013 Fac PE RVU: 11.46
RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thorascopic procedures.		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Global: 090	Issue: Pacemaker or Pacing Cardioverter - Defibrillator	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 10 Specialty Developing Recommendation: ACC	First Identified: February 2010	2010 Medicare Utilization Data: 24,763	2007 Work RVU: 9.05 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.95 Result: Maintain	2013 Work RVU: 8.05 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.47
RUC Recommendation: 8.05		CPT Action (if applicable): February 2011			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Global: 090	Issue: Pacemaker or Pacing Cardioverter - Defibrillator	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 10 Specialty Developing Recommendation: ACC	First Identified: February 2010	2010 Medicare Utilization Data: 119,990	2007 Work RVU: 8.12 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.95 Result: Maintain	2013 Work RVU: 8.77 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.75
RUC Recommendation: 8.77		CPT Action (if applicable): February 2011			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

33212 Insertion of pacemaker pulse generator only; with existing single lead				Global: 090	Issue: Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 04	Specialty Developing Recommendation:	ACC	First Identified: February 2010	2010 Medicare Utilization Data: 11,161	2007 Work RVU: 5.51 2007 NF PE RVU: NA 2007 Fac PE RVU 3.46 Result: Decrease	2013 Work RVU: 5.26 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.41
RUC Recommendation: 5.26				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
33213 Insertion of pacemaker pulse generator only; with existing dual leads				Global: 090	Issue: Pacemaker or Pacing Carioverter - Defibrillator	Screen: CMS Fastest Growing / Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 04	Specialty Developing Recommendation:	ACC	First Identified: October 2008	2010 Medicare Utilization Data: 47,249	2007 Work RVU: 6.36 2007 NF PE RVU: NA 2007 Fac PE RVU 3.87 Result: Decrease	2013 Work RVU: 5.53 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.51
RUC Recommendation: 5.53				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
33221 Insertion of pacemaker pulse generator only; with existing multiple leads				Global: 090	Issue: Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 04	Specialty Developing Recommendation:	ACC	First Identified: April 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 5.80 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.61
RUC Recommendation: 5.80				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2010 Medicare
Utilization Data:**

2007 Work RVU:

2013 Work RVU: 5.50

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.50

RUC Recommendation: 5.50

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2010 Medicare
Utilization Data:**

2007 Work RVU:

2013 Work RVU: 5.77

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.60

RUC Recommendation: 5.77

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

33229 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2010 Medicare
Utilization Data:**

2007 Work RVU:

2013 Work RVU: 6.04

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.70

RUC Recommendation: 6.04

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

33230 Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab 04

Specialty Developing Recommendation: ACC

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 6.32

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.84

RUC Recommendation: 6.32

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

33231 Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab 04

Specialty Developing Recommendation: ACC

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 6.59

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.95

RUC Recommendation: 6.59

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

33233 Removal of permanent pacemaker pulse generator only **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 10

Specialty Developing Recommendation: ACC

First Identified: February 2010

2010 Medicare Utilization Data: 62,644

2007 Work RVU: 3.33

2013 Work RVU: 3.39

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 3.29

2013 Fac PE RVU: 2.89

RUC Recommendation: 3.39

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33240 Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2010 Medicare Utilization Data: 39,134

2007 Work RVU: 7.61

2013 Work RVU: 6.05

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 4.79

2013 Fac PE RVU: 3.74

RUC Recommendation: 6.06

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33241 Removal of pacing cardioverter-defibrillator pulse generator only

Global: 090

Issue: Pacemaker or Pacing Cardioverter - Defibrillator

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2010 Medicare Utilization Data: 46,631

2007 Work RVU: 3.26

2013 Work RVU: 3.29

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 2.99

2013 Fac PE RVU: 2.60

RUC Recommendation: 3.29

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33249 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

Global: 090

Issue: Pacemaker or Pacing Cardioverter - Defibrillator

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2010 Medicare Utilization Data: 59,749

2007 Work RVU: 15.02

2013 Work RVU: 15.17

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 8.89

2013 Fac PE RVU: 8.22

RUC Recommendation: 15.17

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33262 Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab 04

Specialty Developing Recommendation: ACC

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 6.06

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.75

RUC Recommendation: 6.06

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33263 Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system

Global: 090

Issue: Pacemaker or Pacing Cardioverter - Defibrillator

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab 04

Specialty Developing Recommendation: ACC

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 6.33

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.85

RUC Recommendation: 6.33

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33264 Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system

Global: 090

Issue: Pacemaker or Pacing Cardioverter - Defibrillator

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab 04

Specialty Developing Recommendation: ACC

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 6.60

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 3.95

RUC Recommendation: 6.60

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33282 Implantation of patient-activated cardiac event recorder

Global: 090 **Issue:** RAW

Screen: Public Comment Requests NPRM for 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

First Identified: October 2012

2010 Medicare Utilization Data:

2007 Work RVU: 4.70

2013 Work RVU: 4.80

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 4.1

2013 Fac PE RVU: 3.62

Result: Remove from screen

RUC Recommendation: Survey for April 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

33284 Removal of an implantable, patient-activated cardiac event recorder

Global: 090 **Issue:** RAW

Screen: Public Comment Requests NPRM for 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

First Identified: October 2012

2010 Medicare Utilization Data:

2007 Work RVU: 3.04

2013 Work RVU: 3.14

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 3.50

2013 Fac PE RVU: 3.01

Result: Remove from screen

RUC Recommendation: Survey for April 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

33405 Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve

Global: 090 **Issue:** Valve Replacement and CABG Procedures

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 40

Specialty Developing Recommendation: STS

First Identified: September 2011

2010 Medicare Utilization Data: 31,095

2007 Work RVU: 41.19

2013 Work RVU: 41.32

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 17.58

2013 Fac PE RVU: 16.75

Result: Maintain

RUC Recommendation: 41.32

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

33430 Replacement, mitral valve, with cardiopulmonary bypass

Global: 090

Issue: Valve Replacement and CABG Procedures

Screen: High IWP/UT / CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 40

Specialty Developing Recommendation: STS

First Identified: February 2008

2010 Medicare Utilization Data: 8,309

2007 Work RVU: 50.75

2013 Work RVU: 50.93

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 17.71

2013 Fac PE RVU: 20.68

Result: Maintain

RUC Recommendation: 50.93

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

33533 Coronary artery bypass, using arterial graft(s); single arterial graft

Global: 090

Issue: Valve Replacement and CABG Procedures

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 40

Specialty Developing Recommendation: STS

First Identified: September 2011

2010 Medicare Utilization Data: 74,561

2007 Work RVU: 33.64

2013 Work RVU: 33.75

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 15.55

2013 Fac PE RVU: 14.12

Result: Increase

RUC Recommendation: 34.98

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

33863 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

Global: 090

Issue: Aortic Graft

Screen: High IWP/UT

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab S

Specialty Developing Recommendation: STS, AATS

First Identified: February 2008

2010 Medicare Utilization Data: 1,605

2007 Work RVU: 58.71

2013 Work RVU: 58.79

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 19.01

2013 Fac PE RVU: 21.68

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision **Global:** 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent **Tab** 21 **Specialty Developing** SVS
RUC Meeting: January 2013 **Recommendation:**

First **2010 Medicare**
Identified: September 2011 **Utilization Data:** 56,899

2007 Work RVU: 19.53 **2013 Work RVU:** 19.61
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2013 Fac PE RVU:** 8.04
Result: Increase

RUC Recommendation: 21.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 Deleted from CPT

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** ACC, ACR, SIR, SVS
RUC Meeting: April 2010 **Recommendation:**

First **2010 Medicare**
Identified: **Utilization Data:** 2,140

2007 Work RVU: 6.03 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU 2.19 **2013 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

35456 Deleted from CPT

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** ACC, ACR, SIR, SVS
RUC Meeting: April 2010 **Recommendation:**

First **2010 Medicare**
Identified: **Utilization Data:** 2,506

2007 Work RVU: 7.34 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU 2.64 **2013 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 Deleted from CPT

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** ACC, ACR, SIR, SVS
RUC Meeting: April 2010 **Recommendation:**

First **2010 Medicare**
Identified: **Utilization Data:** 927

2007 Work RVU: 8.62 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU 3.01 **2013 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

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35470 Deleted from CPT **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 37,451 **2007 Work RVU:** 8.62 **2013 Work RVU:** **2007 NF PE RVU:** 81.78 **2013 NF PE RVU:** **2007 Fac PE RVU:** 3.37 **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 10,417 **2007 Work RVU:** 10.05 **2013 Work RVU:** 10.05 **2007 NF PE RVU:** 91.6 **2013 NF PE RVU:** 66.18 **2007 Fac PE RVU:** 4.13 **2013 Fac PE RVU:** 3.63 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):** Removed from CPT referral **Referred to CPT Asst** ☐ **Published in CPT Asst:**

35472 Transluminal balloon angioplasty, percutaneous; aortic **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 901 **2007 Work RVU:** 6.90 **2013 Work RVU:** 6.90 **2007 NF PE RVU:** 60.05 **2013 NF PE RVU:** 50.74 **2007 Fac PE RVU:** 2.75 **2013 Fac PE RVU:** 2.45 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):** Removed from CPT referral **Referred to CPT Asst** ☐ **Published in CPT Asst:**

35473 Deleted from CPT **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2010 Medicare Utilization Data:** 27,510 **2007 Work RVU:** 6.03 **2013 Work RVU:** **2007 NF PE RVU:** 56.4 **2013 NF PE RVU:** **2007 Fac PE RVU:** 2.43 **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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35474	Deleted from CPT			Global: 000	Issue: Endovascular Revascularization	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab 07	Specialty Developing Recommendation:	ACC, ACR, SIR, SVS	First Identified: October 2008	2010 Medicare Utilization Data: 78,966	2007 Work RVU: 7.35 2007 NF PE RVU: 80.7 2007 Fac PE RVU: 2.9 Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT			CPT Action (if applicable):	February 2010	Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
				Referred to CPT Asst	<input type="checkbox"/>		

35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel			Global: 000	Issue: Repair of Arterial and Venous Blockage	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting:	April 2012	Tab 41	Specialty Developing Recommendation:	ACR, RPA, SIR	First Identified: September 2011	2010 Medicare Utilization Data: 34,402	2007 Work RVU: 9.48 2007 NF PE RVU: 53.95 2007 Fac PE RVU: 3.48 Result: Decrease
RUC Recommendation:	6.60			CPT Action (if applicable):	Removed from CPT referral	Published in CPT Asst:	2013 Work RVU: 5.75 2013 NF PE RVU: 42.95 2013 Fac PE RVU: 2.64
				Referred to CPT Asst	<input type="checkbox"/>		

35476	Transluminal balloon angioplasty, percutaneous; venous			Global: 000	Issue: Repair of Arterial and Venous Blockage	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting:	April 2012	Tab 41	Specialty Developing Recommendation:	ACR, RPA, SIR	First Identified:	2010 Medicare Utilization Data: 262,150	2007 Work RVU: 6.03 2007 NF PE RVU: 42.45 2007 Fac PE RVU: 2.26 Result: Decrease
RUC Recommendation:	5.10			CPT Action (if applicable):	Removed from CPT referral	Published in CPT Asst:	2013 Work RVU: 4.71 2013 NF PE RVU: 38.74 2013 Fac PE RVU: 1.85
				Referred to CPT Asst	<input type="checkbox"/>		

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35490 Deleted from CPT **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** SIR, ACR, SVS
RUC Meeting: April 2010 **Recommendation:**

First Identified: April 2008 **2010 Medicare Utilization Data:** 84

2007 Work RVU: 11.06 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU: 5.11 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35491 Deleted from CPT **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** SIR, ACR, SVS
RUC Meeting: April 2010 **Recommendation:**

First Identified: April 2008 **2010 Medicare Utilization Data:** 26

2007 Work RVU: 7.60 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU: 3.46 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35492 Deleted from CPT **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** SIR, ACR, SVS
RUC Meeting: April 2010 **Recommendation:**

First Identified: April 2008 **2010 Medicare Utilization Data:** 918

2007 Work RVU: 6.64 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU: 3.3 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

35493 Deleted from CPT **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** SIR, ACR, SVS
RUC Meeting: April 2010 **Recommendation:**

First Identified: February 2008 **2010 Medicare Utilization Data:** 25,710

2007 Work RVU: 8.09 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU: 3.89 **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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35494 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** April 2008

**2010 Medicare
Utilization Data:** 464

2007 Work RVU: 10.42

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 4.64

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

35495 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 11,542

2007 Work RVU: 9.48

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 4.45

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

36000 Introduction of needle or intracatheter, vein

Global: XXX

Issue: Introduction of Needle or
Intracatheter

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 45

**Specialty Developing
Recommendation:** ACC, AUR,
AAP, AAFP,
ACRrh

**First
Identified:** October 2009

**2010 Medicare
Utilization Data:** 208,841

2007 Work RVU: 0.18

2013 Work RVU: 0.18

2007 NF PE RVU: 0.54

2013 NF PE RVU: 0.57

2007 Fac PE RVU 0.05

2013 Fac PE RVU: 0.07

Result: Maintain

RUC Recommendation: CMS consider a bundled status for this code

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

36010 Introduction of catheter, superior or inferior vena cava

Global: XXX

Issue: Introduction of Catheter

Screen: Codes Reported
Together 75% or More-
Part1

Complete? No

**Most Recent
RUC Meeting:** September 2011

Tab 46

**Specialty Developing
Recommendation:** ACR, SIR,
SVS

**First
Identified:** February 2010

**2010 Medicare
Utilization Data:** 74,985

2007 Work RVU: 2.43

2013 Work RVU: 2.43

2007 NF PE RVU: 17.17

2013 NF PE RVU: 12.68

2007 Fac PE RVU 0.77

2013 Fac PE RVU: 0.82

Result:

RUC Recommendation: Review September 2013

CPT Action (if applicable): February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

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36140	Introduction of needle or intracatheter; extremity artery	Global: XXX	Issue: Introduction of Needle or Intracatheter	Screen: Harvard Valued - Utilization over 30,000	Complete? No
Most Recent RUC Meeting: September 2011	Tab 19	Specialty Developing Recommendation: SVS, SIR, ACR, ACRO	First Identified: April 2011	2010 Medicare Utilization Data: 31,233	2007 Work RVU: 2.01 2007 NF PE RVU: 12.15 2007 Fac PE RVU: 0.65 2013 Work RVU: 2.01 2013 NF PE RVU: 11.23 2013 Fac PE RVU: 0.66
RUC Recommendation: Review September 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
36145	Deleted from CPT	Global: XXX	Issue: Arteriovenous Shunt Imaging	Screen: Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 9	Specialty Developing Recommendation:	First Identified: February 2008	2010 Medicare Utilization Data:	2007 Work RVU: 2.01 2007 NF PE RVU: 11.87 2007 Fac PE RVU: 0.64 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2009	Result: Deleted from CPT
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)	Global: XXX	Issue: Arteriovenous Shunt Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 09	Specialty Developing Recommendation: SVS, SIR, ACR	First Identified: February 2008	2010 Medicare Utilization Data: 280,065	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2013 Work RVU: 3.72 2013 NF PE RVU: 21.84 2013 Fac PE RVU: 1.33
RUC Recommendation: 3.72			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2008	Result: Decrease

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36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Arteriovenous Shunt Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 09 Specialty Developing Recommendation: SVS, SIR, ACR	First Identified: February 2008	2010 Medicare Utilization Data: 64,456	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 1.00 2013 NF PE RVU: 7.01 2013 Fac PE RVU: 0.34
RUC Recommendation: 1.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2008		
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	Global: XXX	Issue: RAW	Screen: Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation: ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 79,039	2007 Work RVU: 4.67 2007 NF PE RVU: 26.59 2007 Fac PE RVU Result:	2013 Work RVU: 4.67 2013 NF PE RVU: 28.54 2013 Fac PE RVU: 1.70
RUC Recommendation: Review in October 2015		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	Global: XXX	Issue: RAW	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation: ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 61,980	2007 Work RVU: 5.27 2007 NF PE RVU: 28.57 2007 Fac PE RVU Result: Remove from Screen	2013 Work RVU: 5.27 2013 NF PE RVU: 31.74 2013 Fac PE RVU: 1.98
RUC Recommendation: Remove from screen		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	Global: XXX	Issue: RAW	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation: SVS, AUR, ACR, ASNR, SIR	First Identified: April 2011	2010 Medicare Utilization Data: 30,078	2007 Work RVU: 6.29 2007 NF PE RVU: 52.65 2007 Fac PE RVU: 2.17 2013 Work RVU: 6.29 2013 NF PE RVU: 58.00 2013 Fac PE RVU: 2.45
RUC Recommendation: Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen
<hr/>					
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 14	Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2013 Work RVU: 4.17 2013 NF PE RVU: 29.02 2013 Fac PE RVU: 1.39
RUC Recommendation: 4.51			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2012	Result: Decrease
<hr/>					
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 14	Specialty Developing Recommendation: AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2013 Work RVU: 5.53 2013 NF PE RVU: 36.08 2013 Fac PE RVU: 2.13
RUC Recommendation: 6.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2012	Result: Decrease

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36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed			Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 6.00 2013 NF PE RVU: 39.36 2013 Fac PE RVU: 2.28
RUC Recommendation:	6.50				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease	
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed			Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 6.50 2013 NF PE RVU: 42.84 2013 Fac PE RVU: 2.58
RUC Recommendation:	7.55				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease	
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed			Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes	
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 6.00 2013 NF PE RVU: 39.00 2013 Fac PE RVU: 2.25
RUC Recommendation:	6.50				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease	

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36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed			Global: 000	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 6.50 2013 NF PE RVU: 43.85 2013 Fac PE RVU: 2.60
RUC Recommendation:	7.55				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease	
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 2.09 2013 NF PE RVU: 5.00 2013 Fac PE RVU: 0.80
RUC Recommendation:	2.32				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease	
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Cervicocerebral Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 14	Specialty Developing Recommendation:	AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 4.25 2013 NF PE RVU: 30.49 2013 Fac PE RVU: 1.65
RUC Recommendation:	4.25				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease	

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36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family			Global: XXX	Issue: Selective Catheter Placement	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete?	Yes																
Most Recent RUC Meeting:	January 2013	Tab 22	Specialty Developing Recommendation:	ACC, ACR, SIR, SCAI, SVS	First Identified:	October 2009	2010 Medicare Utilization Data:	136,677	2007 Work RVU:	4.67	2013 Work RVU:	4.67	2007 NF PE RVU:	31.17	2013 NF PE RVU:	25.11	2007 Fac PE RVU	1.78	2013 Fac PE RVU:	1.65				
RUC Recommendation:					4.90					CPT Action (if applicable):					February 2010 and February 2011					Result: Decrease				
					Referred to CPT Asst					<input type="checkbox"/>					Published in CPT Asst:									
<hr/>																								
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family			Global: 000	Issue: Vascular Injection Procedures	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes																
Most Recent RUC Meeting:	October 2012	Tab 27	Specialty Developing Recommendation:	SVS, SIR, ACR, ACC	First Identified:	February 2010	2010 Medicare Utilization Data:	62,692	2007 Work RVU:	5.27	2013 Work RVU:	5.27	2007 NF PE RVU:	29.18	2013 NF PE RVU:	21.28	2007 Fac PE RVU	1.84	2013 Fac PE RVU:	1.74				
RUC Recommendation:					5.27					CPT Action (if applicable):										Result: Maintain				
					Referred to CPT Asst					<input type="checkbox"/>					Published in CPT Asst:									
<hr/>																								
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family			Global: 000	Issue: Vascular Injection Procedures	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes																
Most Recent RUC Meeting:	October 2012	Tab 27	Specialty Developing Recommendation:	SVS, SIR, ACR, ACC	First Identified:	February 2010	2010 Medicare Utilization Data:	119,644	2007 Work RVU:	6.29	2013 Work RVU:	6.29	2007 NF PE RVU:	48.22	2013 NF PE RVU:	41.70	2007 Fac PE RVU	2.17	2013 Fac PE RVU:	2.08				
RUC Recommendation:					7.00					CPT Action (if applicable):										Result: Increase				
					Referred to CPT Asst					<input type="checkbox"/>					Published in CPT Asst:									

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36248 Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 31,623 **2007 Work RVU:** 1.01 **2013 Work RVU:** 1.01 **2007 NF PE RVU:** 3.81 **2013 NF PE RVU:** 3.54 **2007 Fac PE RVU:** 0.35 **2013 Fac PE RVU:** 0.34 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral **Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 5.35 **2007 NF PE RVU:** **2013 NF PE RVU:** 38.44 **2007 Fac PE RVU:** **2013 Fac PE RVU:** 1.95 **Result:** Decrease

RUC Recommendation: 5.45 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral **Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 6.99 **2007 NF PE RVU:** **2013 NF PE RVU:** 40.69 **2007 Fac PE RVU:** **2013 Fac PE RVU:** 2.51 **Result:** Decrease

RUC Recommendation: 7.38 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Global: 000	Issue: Renal Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 11	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 7.55 2013 NF PE RVU: 59.35 2013 Fac PE RVU: 2.56
RUC Recommendation: 7.55			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Global: 000	Issue: Renal Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 11	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 8.15 2013 NF PE RVU: 61.26 2013 Fac PE RVU: 2.75
RUC Recommendation: 8.15			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	Global: XXX	Issue: Venipuncture	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 36	Specialty Developing Recommendation: ACP	First Identified: October 2009	2010 Medicare Utilization Data: 249,192	2007 Work RVU: 0.18 2007 NF PE RVU: 0.3 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 0.18 2013 NF PE RVU: 0.30 2013 Fac PE RVU: 0.07
RUC Recommendation: 0.18			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

36481 Percutaneous portal vein catheterization by any method

Global: 000

Issue: Interventional Radiology Procedures

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent
RUC Meeting: February 2009

Tab 21

Specialty Developing
Recommendation: ACR, SIR

First
Identified: NA

2010 Medicare
Utilization Data: 971

2007 Work RVU: 6.98

2013 Work RVU: 6.98

2007 NF PE RVU: NA

2013 NF PE RVU: 56.80

2007 Fac PE RVU: 2.46

2013 Fac PE RVU: 2.74

Result: PE Only

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

36516 Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: September 2011

Tab 51

Specialty Developing
Recommendation: CAP

First
Identified: October 2008

2010 Medicare
Utilization Data: 1,475

2007 Work RVU: 1.22

2013 Work RVU: 1.22

2007 NF PE RVU: 75.37

2013 NF PE RVU: 62.43

2007 Fac PE RVU: 0.46

2013 Fac PE RVU: 0.52

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Sep 2009

36818

Global: 090

Issue: RAW

Screen: CMS Request Final Rule for 2013

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 34

Specialty Developing
Recommendation:

First
Identified: November 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result:

RUC Recommendation: Survey for work and PE October 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

36819

Global: 090

Issue: RAW

Screen: CMS Request Final Rule for 2013

Complete? No

Most Recent
RUC Meeting: January 2013

Tab 34

Specialty Developing
Recommendation:

First
Identified: November 2012

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result:

RUC Recommendation: Survey for work and PE October 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

36820 Arteriovenous anastomosis, open; by forearm vein transposition

Global: 090 **Issue:** RAW

Screen: Site of Service Anomaly / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation: SVS, ACS

First Identified: September 2007

2010 Medicare Utilization Data: 2,993

2007 Work RVU: 14.39

2013 Work RVU: 14.47

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 6.11

2013 Fac PE RVU: 6.86

RUC Recommendation: Survey for work and PE October 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

36821 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

Global: 090 **Issue:** RAW

Screen: Site of Service Anomaly / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation: ACS, SVS

First Identified: September 2007

2010 Medicare Utilization Data: 37,185

2007 Work RVU: 9.15

2013 Work RVU: 12.11

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 4.49

2013 Fac PE RVU: 6.32

RUC Recommendation: Survey for work and PE October 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft

Global: 090 **Issue:** RAW

Screen: Site of Service Anomaly / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation: ACS, SVS

First Identified: September 2007

2010 Medicare Utilization Data: 4,019

2007 Work RVU: 10.00

2013 Work RVU: 14.17

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 4.87

2013 Fac PE RVU: 6.90

RUC Recommendation: Survey for work and PE October 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

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36830				Global: 090	Issue: RAW	Screen: CMS Request Final Rule for 2013	Complete? No
Most Recent RUC Meeting: January 2013	Tab 34	Specialty Developing Recommendation:		First Identified: November 2012	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Survey for work and PE October 2013				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
36834 Deleted from CPT				Global: 090	Issue: Aneurysm Repair	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: AVA, ACS		First Identified: September 2007	2010 Medicare Utilization Data:	2007 Work RVU: 11.11 2007 NF PE RVU: NA 2007 Fac PE RVU 4.68 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2009 Published in CPT Asst:		
<hr/>							
36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)				Global: 090	Issue: Percutaneous Thormbectomy	Screen: Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2013	Tab 23	Specialty Developing Recommendation: ACR, SIR, SVS		First Identified: September 2007	2010 Medicare Utilization Data: 60,952	2007 Work RVU: 5.17 2007 NF PE RVU: 49.54 2007 Fac PE RVU 2.99 Result: PE Only	2013 Work RVU: 5.20 2013 NF PE RVU: 51.59 2013 Fac PE RVU: 3.17
RUC Recommendation: Refer to CPT. Reduced 99238 to 0.5				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	Global: 000	Issue: Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 21 Specialty Developing Recommendation: ACR, SIR	First Identified: NA	2010 Medicare Utilization Data: 610	2007 Work RVU: 7.99 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.89 PE Only	2013 Work RVU: 7.99 2013 NF PE RVU: 173.84 2013 Fac PE RVU: 2.93
RUC Recommendation: New PE inputs	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Global: 000	Issue: IVC Transcatheter Procedure	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 12 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 4.71 2013 NF PE RVU: 77.14 2013 Fac PE RVU: 1.69
RUC Recommendation: 4.71	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: February 2011		
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Global: 000	Issue: IVC Transcatheter Procedure	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 12 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 7.35 2013 NF PE RVU: 45.22 2013 Fac PE RVU: 2.46
RUC Recommendation: 8.00	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: February 2011		

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37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed			Global: 000	Issue: IVC Transcatheter Procedure	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	April 2011	Tab 12	Specialty Developing Recommendation:	ACR, SIR, SVS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 7.35 2007 NF PE RVU: 42.89 2007 Fac PE RVU Result: 2.49 Decrease
RUC Recommendation:	8.00				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011 Published in CPT Asst:	
37201	Transcatheter therapy, infusion for thrombolysis other than coronary			Global: 000	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	April 2012	Tab 15	Specialty Developing Recommendation:	ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 13,436	2007 Work RVU: 4.99 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:	
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)			Global: 000	Issue: Transcatheter Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab 45	Specialty Developing Recommendation:	ACC, ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 4,316	2007 Work RVU: 5.02 2007 NF PE RVU: 31.87 2007 Fac PE RVU Result: 1.98 Maintain
RUC Recommendation:	Maintain. Editorially revised.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	June 2011 Published in CPT Asst:	

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37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	Global: 000	Issue: Transcatheter Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: ACC, ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 28,334	2007 Work RVU: 18.11 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.75 2013 Work RVU: 18.11 2013 NF PE RVU: NA 2013 Fac PE RVU: 6.10
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data: 116,843	2007 Work RVU: 8.27 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.77 2013 Work RVU: 8.27 2013 NF PE RVU: 124.67 2013 Fac PE RVU: 2.80
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT
37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data: 29,503	2007 Work RVU: 4.12 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.46 2013 Work RVU: 4.12 2013 NF PE RVU: 74.53 2013 Fac PE RVU: 1.35
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT

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37207 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2010 Medicare Utilization Data: 4,829

2007 Work RVU: 8.27

2013 Work RVU: 8.27

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 2.98

2013 Fac PE RVU: 2.80

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2010 Medicare Utilization Data: 1,350

2007 Work RVU: 4.12

2013 Work RVU: 4.12

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 1.30

2013 Fac PE RVU: 1.15

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

37209 Exchange of a previously placed intravascular catheter during thrombolytic therapy **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU: 2.27

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU: 0.72

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

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37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	Global: 000	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 8.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.57
RUC Recommendation: 8.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Global: 000	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 7.06 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.27
RUC Recommendation: 7.06			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	Global: 000	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 5.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.51
RUC Recommendation: 5.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	Global: 000	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 2.74 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.11
RUC Recommendation: 3.04			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 8.15 2013 NF PE RVU: 90.99 2013 Fac PE RVU: 2.65
RUC Recommendation: 8.15			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 10.00 2013 NF PE RVU: 135.58 2013 Fac PE RVU: 3.28
RUC Recommendation: 10.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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37222 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 3.73

2007 NF PE RVU:

2013 NF PE RVU: 23.86

2007 Fac PE RVU

2013 Fac PE RVU: 1.13

RUC Recommendation: 3.73

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 4.25

2007 NF PE RVU:

2013 NF PE RVU: 77.19

2007 Fac PE RVU

2013 Fac PE RVU: 1.33

RUC Recommendation: 4.25

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 9.00

2007 NF PE RVU:

2013 NF PE RVU: 110.64

2007 Fac PE RVU

2013 Fac PE RVU: 2.95

RUC Recommendation: 9.00

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 12.00 2013 NF PE RVU: 333.87 2013 Fac PE RVU: 4.06
RUC Recommendation: 12.00	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 10.49 2013 NF PE RVU: 274.68 2013 Fac PE RVU: 3.45
RUC Recommendation: 10.49	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 14.50 2013 NF PE RVU: 453.16 2013 Fac PE RVU: 4.86
RUC Recommendation: 14.50	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 11.00
2007 NF PE RVU: **2013 NF PE RVU:** 159.88
2007 Fac PE RVU **2013 Fac PE RVU:** 3.54
Result: Decrease

RUC Recommendation: 11.00 **CPT Action (if applicable):** February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 14.05
2007 NF PE RVU: **2013 NF PE RVU:** 326.12
2007 Fac PE RVU **2013 Fac PE RVU:** 4.66
Result: Decrease

RUC Recommendation: 14.05 **CPT Action (if applicable):** February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed** **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 13.80
2007 NF PE RVU: **2013 NF PE RVU:** 245.17
2007 Fac PE RVU **2013 Fac PE RVU:** 4.60
Result: Decrease

RUC Recommendation: 13.80 **CPT Action (if applicable):** February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 15.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2010 Published in CPT Asst:	2013 Work RVU: 15.00 2013 NF PE RVU: 399.63 2013 Fac PE RVU: 5.01
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 4.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2010 Published in CPT Asst:	2013 Work RVU: 4.00 2013 NF PE RVU: 33.59 2013 Fac PE RVU: 1.27
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 07	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 6.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2010 Published in CPT Asst:	2013 Work RVU: 6.50 2013 NF PE RVU: 38.04 2013 Fac PE RVU: 2.07

Status Report: CMS Requests and Relativity Assessment Issues

37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes	
Most Recent RUC Meeting:	April 2010	Tab 07	Specialty Developing Recommendation:	SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 5.50 2013 NF PE RVU: 117.64 2013 Fac PE RVU: 1.80
RUC Recommendation: 5.50					CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2010 Published in CPT Asst:		
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Endovascular Revascularization	Screen: High Volume Growth	Complete? Yes	
Most Recent RUC Meeting:	April 2010	Tab 07	Specialty Developing Recommendation:	SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 7.80 2013 NF PE RVU: 117.32 2013 Fac PE RVU: 2.26
RUC Recommendation: 7.80					CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2010 Published in CPT Asst:		
372X1				Global:	Issue: Transcatheter Placement of Intravascular Stent	Screen: Codes Reported Together 75% or More-Part1	Complete? No	
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation:		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:					CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:		

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372X2

Global:

Issue: Transcatheter Placement
of Intravascular Stent

Screen: Codes Reported
Together 75% or More-
Part1

Complete? No

Most Recent
RUC Meeting:

Tab

Specialty Developing
Recommendation:

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2013
Published in CPT Asst:

Result:

372X3

Global:

Issue: Transcatheter Placement
of Intravascular Stent

Screen: Codes Reported
Together 75% or More-
Part1

Complete? No

Most Recent
RUC Meeting:

Tab

Specialty Developing
Recommendation:

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2013
Published in CPT Asst:

Result:

372X4

Global:

Issue: Transcatheter Placement
of Intravascular Stent

Screen: Codes Reported
Together 75% or More-
Part1

Complete? No

Most Recent
RUC Meeting:

Tab

Specialty Developing
Recommendation:

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2013
Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

372XX1

Global:

Issue: Embolization and Occlusion Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2013
Published in CPT Asst:

Result:

372XX2

Global:

Issue: Embolization and Occlusion Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2013
Published in CPT Asst:

Result:

372XX3

Global:

Issue: Embolization and Occlusion Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation:

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2013
Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

372XX4				Global:	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:		
<hr/>							
37609	Ligation or biopsy, temporal artery			Global: 010	Issue: Ligation	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: SVS, ACS		First Identified: September 2007	2010 Medicare Utilization Data: 19,766	2007 Work RVU: 3.02 2007 NF PE RVU: 4.43 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 3.05 2013 NF PE RVU: 5.94 2013 Fac PE RVU: 2.64
RUC Recommendation: Reduce 99238 to 0.5				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
37619	Ligation of inferior vena cava			Global: 090	Issue: Ligation of Inferior Vena Cava	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 13	Specialty Developing Recommendation: ACS, SVS		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2013 Work RVU: 30.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 13.90
RUC Recommendation: 37.60				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device) **Global:** 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 64,594

2007 Work RVU: 11.49

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 5.52

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg

Global: 090

Issue: Perorator Vein Ligation

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 10

Specialty Developing Recommendation: SVS, ACS

First Identified: September 2007

2010 Medicare Utilization Data: 1,221

2007 Work RVU: 10.69

2013 Work RVU: 10.78

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 5.14

2013 Fac PE RVU: 5.39

Result: Maintain

RUC Recommendation: 10.69

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg

Global: 090

Issue: Perforator Vein Ligation

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 10

Specialty Developing Recommendation: SVS, ACS

First Identified:

2010 Medicare Utilization Data: 508

2007 Work RVU:

2013 Work RVU: 9.13

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 5.63

Result: Increase

RUC Recommendation: 9.00

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

Global: 090

Issue: Stab Phlebectomy of Varicose Veins

Screen: High Volume Growth / CMS Fastest Growing

Complete? No

Most Recent **Tab** 21 **Specialty Developing** ACS
RUC Meeting: February 2010 **Recommendation:**

First
Identified: February 2008

2010 Medicare
Utilization Data: 13,974

2007 Work RVU: 7.63

2013 Work RVU: 7.71

2007 NF PE RVU: NA

2013 NF PE RVU: 10.94

2007 Fac PE RVU 4.36

2013 Fac PE RVU: 4.41

Result: PE Only

RUC Recommendation: Review September 2013. Non-Facility PE Inputs.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

Global: 090

Issue: Stab Phlebectomy of Varicose Veins

Screen: High Volume Growth / CMS Fastest Growing

Complete? No

Most Recent **Tab** 21 **Specialty Developing** ACS
RUC Meeting: February 2010 **Recommendation:**

First
Identified: February 2008

2010 Medicare
Utilization Data: 9,141

2007 Work RVU: 9.58

2013 Work RVU: 9.66

2007 NF PE RVU: NA

2013 NF PE RVU: 12.37

2007 Fac PE RVU 5.01

2013 Fac PE RVU: 5.17

Result: PE Only

RUC Recommendation: Review September 2013. Non-Facility PE Inputs.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

37785 Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

Global: 090

Issue: Ligation

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

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

First
Identified: September 2007

2010 Medicare
Utilization Data: 2,608

2007 Work RVU: 3.87

2013 Work RVU: 3.93

2007 NF PE RVU: 5.12

2013 NF PE RVU: 6.23

2007 Fac PE RVU 2.69

2013 Fac PE RVU: 3.26

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

38542 Dissection, deep jugular node(s)

Global: 090

Issue: Jugular Node Dissection

Screen: Site of Service Anomaly

Complete? Yes

Most Recent **Tab** 40 **Specialty Developing** ACS, AAO-HNS
RUC Meeting: April 2008 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 924

2007 Work RVU: 6.08

2013 Work RVU: 7.95

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 4.3

2013 Fac PE RVU: 6.19

Result: Increase

RUC Recommendation: 7.85

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

38571 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy **Global:** 010 **Issue:** Laparoscopic Pelvic Lymphadenectomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2010 Medicare Utilization Data:** 7,078

2007 Work RVU: 14.70 **2013 Work RVU:** 14.76
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.97 **2013 Fac PE RVU:** 6.68
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 Biopsy of lip **Global:** 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2010 Medicare Utilization Data:** 37,498

2007 Work RVU: 1.22 **2013 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2013 NF PE RVU:** 2.52
2007 Fac PE RVU: 0.61 **2013 Fac PE RVU:** 0.79
Result: Maintain

RUC Recommendation: 1.22 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) **Global:** 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,654

2007 Work RVU: 9.63 **2013 Work RVU:** 9.78
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 7.33 **2013 Fac PE RVU:** 10.35
Result: Maintain

RUC Recommendation: 9.63 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,592

2007 Work RVU: 17.99 **2013 Work RVU:** 17.16
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 10.11 **2013 Fac PE RVU:** 12.16
Result: Maintain

RUC Recommendation: 18.12 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

42420 Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,567 **2007 Work RVU:** 20.87 **2013 Work RVU:** 19.53 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 11.46 **2013 Fac PE RVU:** 13.30 **RUC Recommendation:** 21.00 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

42440 Excision of submandibular (submaxillary) gland **Global:** 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,098 **2007 Work RVU:** 7.05 **2013 Work RVU:** 6.14 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 4.48 **2013 Fac PE RVU:** 5.46 **RUC Recommendation:** 7.13 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

4319X1 **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** **2007 NF PE RVU:** **2013 NF PE RVU:** **2007 Fac PE RVU:** **2013 Fac PE RVU:** **RUC Recommendation:** 2.78 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

4319X2 **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** **2007 NF PE RVU:** **2013 NF PE RVU:** **2007 Fac PE RVU:** **2013 Fac PE RVU:** **RUC Recommendation:** 3.21 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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4319X3

Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
				First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 3.36				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

4319X4

Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
				First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 3.99				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

4319X5

Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
				First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 3.21				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

4319X6

Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES	Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
				First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 3.36				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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4319X7				Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES, AGA	First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 1.59				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
4319X8				Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, ASGE, SAGES, AGA	First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 1.89				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)			Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 15,082	2007 Work RVU: 1.59 2007 NF PE RVU: 3.98 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 1.59 2013 NF PE RVU: 4.77 2013 Fac PE RVU: 1.32
RUC Recommendation: 1.59				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:		
<hr/>							
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance			Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 441	2007 Work RVU: 2.09 2007 NF PE RVU: 4.86 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 2.09 2013 NF PE RVU: 7.22 2013 Fac PE RVU: 1.42
RUC Recommendation: 1.90				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:		
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Status Report: CMS Requests and Relativity Assessment Issues

43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 4,123	2007 Work RVU: 1.89 2007 NF PE RVU: 5.44 2007 Fac PE RVU: 0.95 2013 Work RVU: 1.89 2013 NF PE RVU: 6.68 2013 Fac PE RVU: 1.29
RUC Recommendation: 1.89			CPT Action (if applicable): May 2012	Published in CPT Asst:	
			Referred to CPT Asst <input type="checkbox"/>		

43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 110	2007 Work RVU: 3.76 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.63 2013 Work RVU: 3.76 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.36
RUC Recommendation: 2.89			CPT Action (if applicable): May 2012	Published in CPT Asst:	
			Referred to CPT Asst <input type="checkbox"/>		

43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 247	2007 Work RVU: 3.78 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.66 2013 Work RVU: 3.78 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.34
RUC Recommendation: 3.00			CPT Action (if applicable): May 2012	Published in CPT Asst:	
			Referred to CPT Asst <input type="checkbox"/>		

43206	Esophagoscopy, rigid or flexible; with optical endomicroscopy	Global: YYY	Issue: Esophagoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: Carrier Price			CPT Action (if applicable):	Published in CPT Asst:	
			Referred to CPT Asst <input type="checkbox"/>		

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43215	Esophagoscopy, rigid or flexible; with removal of foreign body			Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 1,671	2007 Work RVU: 2.60 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.22	2013 Work RVU: 2.60 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.60
RUC Recommendation: 2.60				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:	Result: Maintain	

43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery			Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 106	2007 Work RVU: 2.40	2013 Work RVU: 2.40	
					2007 NF PE RVU: 1.55	2013 NF PE RVU: 4.07	
					2007 Fac PE RVU: 1.10	2013 Fac PE RVU: 1.70	
RUC Recommendation: 2.40			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012	Result: Maintain		
				Published in CPT Asst:			

43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 273	2007 Work RVU: 2.90 2007 NF PE RVU: 6.85 2007 Fac PE RVU: 1.25 2013 Work RVU: 2.90 2013 NF PE RVU: 8.42 2013 Fac PE RVU: 1.76
RUC Recommendation: 2.90			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:	Result: Maintain

43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent			Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 716	2007 Work RVU: 2.80	2013 Work RVU: 2.80	
					2007 NF PE RVU: NA	2013 NF PE RVU: NA	
					2007 Fac PE RVU: 1.40	2013 Fac PE RVU: 1.81	
RUC Recommendation: 2.80			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012	Result: Maintain		
				Published in CPT Asst:			

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4321X1				Global:	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 2.39				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
43220 Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)				Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 2,954	2007 Work RVU: 2.10 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.01 Maintain	2013 Work RVU: 2.10 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.39
RUC Recommendation: 2.10				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:		
<hr/>							
43226 Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire				Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 2,554	2007 Work RVU: 2.34 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.10 Maintain	2013 Work RVU: 2.34 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.50
RUC Recommendation: 2.34				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:		
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43227 Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)				Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 664	2007 Work RVU: 3.59 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.55 Decrease	2013 Work RVU: 3.59 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.21
RUC Recommendation: 3.26				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2012 Published in CPT Asst:		

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43228 Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 10

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2010 Medicare Utilization Data: 4,153

2007 Work RVU: 3.76

2013 Work RVU: 3.76

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 1.63

2013 Fac PE RVU: 2.29

Result: Decrease

RUC Recommendation: 3.25

CPT Action (if applicable): May 2012

Referred to CPT Asst ☐

Published in CPT Asst:

43231 Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: January 2013

Tab 09

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2010 Medicare Utilization Data: 423

2007 Work RVU: 3.19

2013 Work RVU: 3.19

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 1.42

2013 Fac PE RVU: 2.00

Result:

RUC Recommendation: Resurvey for April 2013

CPT Action (if applicable): May 2012

Referred to CPT Asst ☐

Published in CPT Asst:

43232 Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: January 2013

Tab 09

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2010 Medicare Utilization Data: 366

2007 Work RVU: 4.47

2013 Work RVU: 4.47

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 1.96

2013 Fac PE RVU: 2.60

Result:

RUC Recommendation: Resurvey for April 2013

CPT Action (if applicable): May 2012

Referred to CPT Asst ☐

Published in CPT Asst:

43234 Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) **Global:** 000 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 2,005

2007 Work RVU: 2.01

2013 Work RVU:

2007 NF PE RVU: 5.23

2013 NF PE RVU:

2007 Fac PE RVU 0.91

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

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43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Global: 000	Issue: EGD	Screen: MPC List / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: October 2010	2010 Medicare Utilization Data: 399,111	2007 Work RVU: 2.39 2007 NF PE RVU: 5.19 2007 Fac PE RVU: 1.11 Result: Decrease	2013 Work RVU: 2.39 2013 NF PE RVU: 6.40 2013 Fac PE RVU: 1.59
RUC Recommendation: 2.26	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012	Published in CPT Asst:		
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43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	Global: 000	Issue: EGD	Screen: CMS Fastest Growing / MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: October 2008	2010 Medicare Utilization Data: 13,502	2007 Work RVU: 2.92 2007 NF PE RVU: 6.47 2007 Fac PE RVU: 1.33 Result: Decrease	2013 Work RVU: 2.92 2013 NF PE RVU: 8.40 2013 Fac PE RVU: 1.88
RUC Recommendation: 2.57	CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	October 2012	Published in CPT Asst: Apr 2009 and Jun		
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43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	Global: 000	Issue: EGD	Screen: MPC List	Complete? No
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 827	2007 Work RVU: 3.98 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.74 Result:	2013 Work RVU: 3.98 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.38
RUC Recommendation: Referral to CPT	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013	Published in CPT Asst:		

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43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultrasound examination limited to the esophagus)	Global: 000	Issue: EGD	Screen: MPC List	Complete? No
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 676	2007 Work RVU: 5.02 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.11	2013 Work RVU: 5.02 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.88
RUC Recommendation: Referral to CPT	CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: October 2010	2010 Medicare Utilization Data: 1,440,278	2007 Work RVU: 2.87 2007 NF PE RVU: 5.79 2007 Fac PE RVU Result: 1.29 Decrease	2013 Work RVU: 2.87 2013 NF PE RVU: 7.28 2013 Fac PE RVU: 1.84
RUC Recommendation: 2.56	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
43240	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst	Global: 000	Issue: EGD	Screen: MPC List	Complete? No
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 265	2007 Work RVU: 6.85 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.82	2013 Work RVU: 6.85 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.91
RUC Recommendation: Referral to CPT	CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

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43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 2,889	2007 Work RVU: 2.59 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.18 Result: Maintain	2013 Work RVU: 2.59 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.68
RUC Recommendation: 2.59	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012	Published in CPT Asst:		
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate)	Global: 000	Issue: EGD	Screen: CMS Fastest Growing / MPC List	Complete? No
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: October 2008	2010 Medicare Utilization Data: 22,973	2007 Work RVU: 7.30 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.98 Result:	2013 Work RVU: 7.30 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.19
RUC Recommendation: Referral to CPT	CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	February 2013	Published in CPT Asst: Mar 2009		
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 2,504	2007 Work RVU: 4.56 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.94 Result: Decrease	2013 Work RVU: 4.56 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.71
RUC Recommendation: 4.37	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012	Published in CPT Asst:		

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43244 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 08

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2010 Medicare Utilization Data: 14,560

2007 Work RVU: 5.04

2013 Work RVU: 5.04

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 2.14

2013 Fac PE RVU: 3.00

RUC Recommendation: 4.50

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

43245 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)

Global: 000

Issue: EGD

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 08

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2010 Medicare Utilization Data: 12,873

2007 Work RVU: 3.18

2013 Work RVU: 3.18

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 1.39

2013 Fac PE RVU: 1.93

RUC Recommendation: 3.18

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

43246 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube

Global: 000

Issue: EGD

Screen: MPC List

Complete? No

Most Recent RUC Meeting: January 2013

Tab 08

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2010 Medicare Utilization Data: 122,884

2007 Work RVU: 4.32

2013 Work RVU: 4.32

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 1.80

2013 Fac PE RVU: 2.49

RUC Recommendation: Resurvey for April 2013

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

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43247 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2010 Medicare** **2007 Work RVU:** 3.38 **2013 Work RVU:** 3.38
RUC Meeting: January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Utilization Data:** 27,419 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA

2007 Fac PE RVU 1.48 **2013 Fac PE RVU:** 2.08

RUC Recommendation: 3.27 **CPT Action (if applicable):** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2010 Medicare** **2007 Work RVU:** 3.15 **2013 Work RVU:** 3.15
RUC Meeting: January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Utilization Data:** 99,050 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA

2007 Fac PE RVU 1.43 **2013 Fac PE RVU:** 2.01

RUC Recommendation: 3.01 **CPT Action (if applicable):** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2010 Medicare** **2007 Work RVU:** 2.90 **2013 Work RVU:** 2.90
RUC Meeting: January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Utilization Data:** 86,888 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA

2007 Fac PE RVU 1.32 **2013 Fac PE RVU:** 1.86

RUC Recommendation: 2.77 **CPT Action (if applicable):** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

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43250	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	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 6,942	2007 Work RVU: 3.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.40 Result: Decrease	2013 Work RVU: 3.20 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.93
RUC Recommendation: 3.07		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		
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	Global: 000	Issue: EGD	Screen: MPC List	Complete? No
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 26,727	2007 Work RVU: 3.69 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.60 Result:	2013 Work RVU: 3.69 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.26
RUC Recommendation: Resurvey for April 2013		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 52,824	2007 Work RVU: 4.81 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.05 Result: Decrease	2013 Work RVU: 4.81 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.88
RUC Recommendation: 4.20		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		

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43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 3,536	2007 Work RVU: 4.34 2013 Work RVU: 4.34 2007 NF PE RVU: NA 2013 NF PE RVU: NA 2007 Fac PE RVU: 1.85 2013 Fac PE RVU: 2.54
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): October 2012	Published in CPT Asst:	Result: Deleted from CPT
			Referred to CPT Asst <input type="checkbox"/>		
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 43	2007 Work RVU: 5.50 2013 Work RVU: 5.50 2007 NF PE RVU: NA 2013 NF PE RVU: NA 2007 Fac PE RVU: 2.16 2013 Fac PE RVU: 3.34
RUC Recommendation: 4.25			CPT Action (if applicable): October 2012	Published in CPT Asst:	Result: Decrease
			Referred to CPT Asst <input type="checkbox"/>		
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 lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2010 Medicare Utilization Data: 15,303	2007 Work RVU: 4.54 2013 Work RVU: 4.54 2007 NF PE RVU: NA 2013 NF PE RVU: NA 2007 Fac PE RVU: 1.94 2013 Fac PE RVU: 2.72
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): October 2012	Published in CPT Asst:	Result: Deleted from CPT
			Referred to CPT Asst <input type="checkbox"/>		

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43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	Global: 000	Issue: EGD	Screen: CMS Fastest Growing	Complete? No
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Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: October 2008	2010 Medicare Utilization Data: 32,330	2007 Work RVU: 5.19	2013 Work RVU: 5.19
					2007 NF PE RVU: NA	2013 NF PE RVU: NA
					2007 Fac PE RVU 2.17	2013 Fac PE RVU: 3.09
RUC Recommendation: Referral to CPT			CPT Action (if applicable): February 2013		Result:	
			Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Mar 2009		

4325X3		Global:	Issue: EGD	Screen: MPC List	Complete? No
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Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU:
					2007 NF PE RVU:	2013 NF PE RVU:
					2007 Fac PE RVU	2013 Fac PE RVU:
RUC Recommendation: Referral to CPT			CPT Action (if applicable): February 2013		Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

4325X4		Global:	Issue: EGD	Screen: MPC List	Complete? Yes
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Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU:
					2007 NF PE RVU:	2013 NF PE RVU:
					2007 Fac PE RVU	2013 Fac PE RVU:
RUC Recommendation: 5.25			CPT Action (if applicable): October 2012		Result: Decrease	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 12,299	2007 Work RVU: 5.95 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.49	2013 Work RVU: 5.95 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.47
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): February 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

43261 Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,567	2007 Work RVU: 6.26 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.61	2013 Work RVU: 6.26 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.64
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): January 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

43262 Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 57,558	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 3.03	2013 Work RVU: 7.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.22
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): January 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)			Global: 000	Issue: ERCP	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 804	2007 Work RVU: 7.28 2007 NF PE RVU: NA 2007 Fac PE RVU 3.02	2013 Work RVU: 7.28 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.20
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	February 2013	Result:	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts			Global: 000	Issue: ERCP	Screen: Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: April 2011	2010 Medicare Utilization Data: 44,428	2007 Work RVU: 8.89 2007 NF PE RVU: NA 2007 Fac PE RVU 3.61	2013 Work RVU: 8.89 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.01
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	February 2013	Result:	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method			Global: 000	Issue: ERCP	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 2,730	2007 Work RVU: 10.00 2007 NF PE RVU: NA 2007 Fac PE RVU 4.03	2013 Work RVU: 10.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.60
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	February 2013	Result:	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

43267 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 311	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.01 Result: Deleted from CPT	2013 Work RVU: 7.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.12
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

43268 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct **Global:** 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: April 2011	2010 Medicare Utilization Data: 35,681	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.15 Result: Deleted from CPT	2013 Work RVU: 7.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.41
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

43268X1 **Global:** **Issue:** ERCP **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

43269 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 19,975	2007 Work RVU: 8.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.35 Result: Deleted from CPT	2013 Work RVU: 8.20 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.64
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

43269X2

				Global:	Issue: ERCP	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:		

43269X3

				Global:	Issue: ERCP	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:		

4326X7

				Global:	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 4.45				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		

4326X8

				Global:	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 4.40				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

4326X9				Global:	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 4.39				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:	Result: Decrease	

43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)			Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 11,625	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU 3.03	2013 Work RVU: 7.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.22
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:	Result: Deleted from CPT	

43271X4				Global:	Issue: ERCP	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:	Result:	

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			Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 376	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU 3.05	2013 Work RVU: 7.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.25
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

43272X5

Global:

Issue: ERCP

Screen: MPC List

Complete? No

Most Recent Tab Specialty Developing
RUC Meeting: Recommendation:

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result:

RUC Recommendation:

CPT Action (if applicable):

February 2013

Referred to CPT Asst ☐

Published in CPT Asst:

43273 Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)

Global: ZZZ

Issue: ERCP

Screen: MPC List

Complete? No

Most Recent Tab Specialty Developing
RUC Meeting: Recommendation:

First
Identified: September 2011

2010 Medicare
Utilization Data: 3,548

2007 Work RVU:

2013 Work RVU: 2.24

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 1.17

Result:

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable):

February 2013

Referred to CPT Asst ☐

Published in CPT Asst:

43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes

Global: 000

Issue: Dilation of Esophagus

Screen: MPC List

Complete? Yes

Most Recent
RUC Meeting: October 2012

Tab 17

Specialty Developing
Recommendation:

AGA, ASGE,
SAGES,
AAO-HNS

First
Identified: September 2011

2010 Medicare
Utilization Data:

2007 Work RVU: 1.38

2013 Work RVU: 1.38

2007 NF PE RVU: 2.64

2013 NF PE RVU: 3.14

2007 Fac PE RVU 0.75

2013 Fac PE RVU: 1.08

Result: Decrease

RUC Recommendation: 1.30

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

43453 Dilation of esophagus, over guide wire

Global: 000

Issue: Dilation of Esophagus

Screen: MPC List

Complete? Yes

Most Recent
RUC Meeting: October 2012

Tab 17

Specialty Developing
Recommendation:

AGA, ASGE,
SAGES,
AAO-HNS

First
Identified: September 2011

2010 Medicare
Utilization Data: 3,573

2007 Work RVU: 1.51

2013 Work RVU: 1.51

2007 NF PE RVU: 6.12

2013 NF PE RVU: 7.42

2007 Fac PE RVU 0.8

2013 Fac PE RVU: 1.14

Result: Maintain

RUC Recommendation: 1.51

CPT Action (if applicable):

May 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

43456 Dilation of esophagus, by balloon or dilator, retrograde				Global: 000	Issue: Dilation of Esophagus	Screen: MPC List	Complete? Yes
Most Recent	Tab 17	Specialty Developing	AGA, ASGE,	First	2010 Medicare	2007 Work RVU: 2.57	2013 Work RVU: 2.57
RUC Meeting:	October 2012	Recommendation:	SAGES,	Identified: September 2011	Utilization Data: 1,776	2007 NF PE RVU: 13.55	2013 NF PE RVU: 15.66
			AAO-HNS			2007 Fac PE RVU 1.20	2013 Fac PE RVU: 1.68
RUC Recommendation:	Deleted from CPT			CPT Action (if applicable):	October 2012	Result: Deleted from CPT	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia			Global: 000	Issue: Dilation of Esophagus	Screen: MPC List	Complete? Yes	
Most Recent RUC Meeting:	October 2012	Tab 17	Specialty Developing Recommendation:	AGA, ASGE, SAGES, AAO-HNS	First Identified: September 2011	2010 Medicare Utilization Data: 1,446	2007 Work RVU: 3.06 2007 NF PE RVU: 6.72 2007 Fac PE RVU 1.37	2013 Work RVU: 3.06 2013 NF PE RVU: 8.37 2013 Fac PE RVU: 1.89
RUC Recommendation:	Deleted from CPT				CPT Action (if applicable):	October 2012	Result: Deleted from CPT	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy			Global:	090	Issue:	Laproscopic Procedures		Screen:	CMS Fastest Growing		Complete?	Yes
	Most Recent	Tab	26	Specialty Developing Recommendation:	ACS, ASCRS	First Identified:	October 2008	2010 Medicare Utilization Data:	9,431	2007 Work RVU:	22.86	2013 Work RVU:	22.95
	RUC Meeting:	October 2008								2007 NF PE RVU:	NA	2013 NF PE RVU:	NA
										2007 Fac PE RVU	8.6	2013 Fac PE RVU:	12.22
	RUC Recommendation:	Remove from screen				CPT Action (if applicable):				Result:	Remove from Screen		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:						

44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)			Global: 090	Issue: Laproscopic Procedures	Screen: CMS Fastest Growing	Complete? Yes	
Most Recent RUC Meeting:	October 2008	Tab 26	Specialty Developing Recommendation:	ACS, ASCRS	First Identified: February 2008	2010 Medicare Utilization Data: 6,071	2007 Work RVU: 31.79 2007 NF PE RVU: NA 2007 Fac PE RVU 11.17	2013 Work RVU: 31.92 2013 NF PE RVU: NA 2013 Fac PE RVU: 15.99
RUC Recommendation:	Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Remove from Screen	

Status Report: CMS Requests and Relativity Assessment Issues

44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 5,761 **2007 Work RVU:** 2.59 **2013 Work RVU:** 2.59 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 1.21 **2013 Fac PE RVU:** 1.72 **RUC Recommendation:** Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

44361 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 15,229 **2007 Work RVU:** 2.87 **2013 Work RVU:** 2.87 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 1.32 **2013 Fac PE RVU:** 1.87 **RUC Recommendation:** Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

44363 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 140 **2007 Work RVU:** 3.49 **2013 Work RVU:** 3.49 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 1.53 **2013 Fac PE RVU:** 2.14 **RUC Recommendation:** Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Global:	000	Issue:	Antegrade Enteroscopy	Screen:	MPC List	Complete?	No		
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified:	September 2011	2010 Medicare Utilization Data:	290	2007 Work RVU:	3.73	2013 Work RVU:	3.73	
							2007 NF PE RVU:	NA		2013 NF PE RVU:	NA
							2007 Fac PE RVU	1.63		2013 Fac PE RVU:	2.29
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	January 2013		Result:				
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:						
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Global:	000	Issue:	Antegrade Enteroscopy	Screen:	MPC List	Complete?	No		
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified:	September 2011	2010 Medicare Utilization Data:	203	2007 Work RVU:	3.31	2013 Work RVU:	3.31	
							2007 NF PE RVU:	NA		2013 NF PE RVU:	NA
							2007 Fac PE RVU	1.47		2013 Fac PE RVU:	2.05
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	January 2013		Result:				
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:						
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Global:	000	Issue:	Antegrade Enteroscopy	Screen:	MPC List	Complete?	No		
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified:	September 2011	2010 Medicare Utilization Data:	2,865	2007 Work RVU:	4.40	2013 Work RVU:	4.40	
							2007 NF PE RVU:	NA		2013 NF PE RVU:	NA
							2007 Fac PE RVU	1.90		2013 Fac PE RVU:	2.68
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	January 2013		Result:				
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:						

Status Report: CMS Requests and Relativity Assessment Issues

44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Global: 000	Issue: Antegrade Enteroscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,261	2007 Work RVU: 4.51 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.91 2013 Work RVU: 4.51 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.74
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	January 2013	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	Global: 000	Issue: Antegrade Enteroscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 112	2007 Work RVU: 4.79 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.12 2013 Work RVU: 4.79 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.06
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	January 2013	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	Global: 000	Issue: Antegrade Enteroscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,361	2007 Work RVU: 4.40 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.84 2013 Work RVU: 4.40 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.58
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	January 2013	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

44373 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,541	2007 Work RVU: 3.49 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.5	2013 Work RVU: 3.49 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.12
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): January 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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) **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 2,012	2007 Work RVU: 5.25 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.14	2013 Work RVU: 5.25 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.95
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): January 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

44377 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,620	2007 Work RVU: 5.52 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 2.31	2013 Work RVU: 5.52 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.20
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): January 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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44378 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 933 **2007 Work RVU:** 7.12 **2013 Work RVU:** 7.12
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 2.92 **2013 Fac PE RVU:** 4.07

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44379 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** Antegrade Enteroscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 20 **2007 Work RVU:** 7.46 **2013 Work RVU:** 7.46
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 3.02 **2013 Fac PE RVU:** 4.51

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): January 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44380 Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **Global:** 000 **Issue:** Ileoscopy
Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,048 **2007 Work RVU:** 1.05 **2013 Work RVU:** 1.05
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 0.60 **2013 Fac PE RVU:** 0.84

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): May 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

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44382	Ileoscopy, through stoma; with biopsy, single or multiple		Global: 000	Issue: Ileoscopy Ileoscopy Ileoscopy Ileoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,343	2007 Work RVU: 1.27 2007 NF PE RVU: NA 2007 Fac PE RVU 0.67	2013 Work RVU: 1.27 2013 NF PE RVU: NA 2013 Fac PE RVU: 0.97
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013		2007 Fac PE RVU Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
44383	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)		Global: 000	Issue: Ileoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 270	2007 Work RVU: 2.94 2007 NF PE RVU: NA 2007 Fac PE RVU 1.36	2013 Work RVU: 2.94 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.54
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013		2007 Fac PE RVU Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)		Global: 000	Issue: Ileoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 923	2007 Work RVU: 1.82 2007 NF PE RVU: 3.73 2007 Fac PE RVU 0.79	2013 Work RVU: 1.82 2013 NF PE RVU: 6.08 2013 Fac PE RVU: 1.12
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013		2007 Fac PE RVU Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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44386 Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 753 **2007 Work RVU:** 2.12 **2013 Work RVU:** 2.12
2007 NF PE RVU: 6.66 **2013 NF PE RVU:** 8.67
2007 Fac PE RVU 0.93 **2013 Fac PE RVU:** 1.38

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** May 2013 **Result:**

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

44388 Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 5,073 **2007 Work RVU:** 2.82 **2013 Work RVU:** 2.82
2007 NF PE RVU: 5.34 **2013 NF PE RVU:** 7.69
2007 Fac PE RVU 1.21 **2013 Fac PE RVU:** 1.71

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** October 2013 **Result:**

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

44389 Colonoscopy through stoma; with biopsy, single or multiple **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 1,944 **2007 Work RVU:** 3.13 **2013 Work RVU:** 3.13
2007 NF PE RVU: 6.73 **2013 NF PE RVU:** 8.77
2007 Fac PE RVU 1.35 **2013 Fac PE RVU:** 1.92

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** October 2013 **Result:**

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

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44390 Colonoscopy through stoma; with removal of foreign body

Global: 000

Issue: Colonoscopy via stoma

Screen: MPC List

Complete? No

Most Recent Tab Specialty Developing
RUC Meeting: Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 47

2007 Work RVU: 3.82

2013 Work RVU: 3.82

2007 NF PE RVU: 7.32

2013 NF PE RVU: 10.22

2007 Fac PE RVU 1.57

2013 Fac PE RVU: 2.40

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44391 Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

Global: 000

Issue: Colonoscopy via stoma

Screen: MPC List

Complete? No

Most Recent Tab Specialty Developing
RUC Meeting: Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 190

2007 Work RVU: 4.31

2013 Work RVU: 4.31

2007 NF PE RVU: 8.78

2013 NF PE RVU: 10.60

2007 Fac PE RVU 1.83

2013 Fac PE RVU: 2.56

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

44392 Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

Global: 000

Issue: Colonoscopy via stoma

Screen: MPC List

Complete? No

Most Recent Tab Specialty Developing
RUC Meeting: Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 739

2007 Work RVU: 3.81

2013 Work RVU: 3.81

2007 NF PE RVU: 6.78

2013 NF PE RVU: 9.27

2007 Fac PE RVU 1.55

2013 Fac PE RVU: 2.16

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

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44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Global: 000	Issue: Colonoscopy via stoma	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 241	2007 Work RVU: 4.83 2007 NF PE RVU: 7.14 2007 Fac PE RVU: 1.91 2013 Work RVU: 4.83 2013 NF PE RVU: 10.10 2013 Fac PE RVU: 2.70
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	October 2013	Result:
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Global: 000	Issue: Colonoscopy via stoma	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,182	2007 Work RVU: 4.42 2007 NF PE RVU: 7.97 2007 Fac PE RVU: 1.81 2013 Work RVU: 4.42 2013 NF PE RVU: 10.34 2013 Fac PE RVU: 2.53
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	October 2013	Result:
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	Global: 000	Issue: Colonoscopy via stoma	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 14	2007 Work RVU: 4.70 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.93 2013 Work RVU: 4.70 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.83
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	October 2013	Result:
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:

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44901 Incision and drainage of appendiceal abscess; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 3.37

2013 Work RVU: 3.37

2007 NF PE RVU: 25.61

2013 NF PE RVU: 23.43

2007 Fac PE RVU: 1.07

2013 Fac PE RVU: 1.20

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

44970 Laparoscopy, surgical, appendectomy

Global: 090

Issue: Laproscopic Procedures

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008

2010 Medicare Utilization Data: 16,807

2007 Work RVU: 9.35

2013 Work RVU: 9.45

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 4.11

2013 Fac PE RVU: 6.39

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

45170 Deleted from CPT

Global: 090

Issue: Rectal Tumor Excision

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

First Identified: September 2007

2010 Medicare Utilization Data:

2007 Work RVU: 12.48

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU: 5.28

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

October 2008

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)

Global: 090

Issue: Rectal Tumor Excision

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

First Identified: September 2007

2010 Medicare Utilization Data: 3,422

2007 Work RVU:

2013 Work RVU: 8.13

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU:

2013 Fac PE RVU: 8.44

RUC Recommendation: 8.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,066 **2007 Work RVU:** **2013 Work RVU:** 12.13 **2007 NF PE RVU:** **2013 NF PE RVU:** NA **2007 Fac PE RVU Result:** Decrease **2013 Fac PE RVU:** 9.99

RUC Recommendation: 12.00 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) **Global:** 000 **Issue:** Diagnostic Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 22 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2010 Medicare Utilization Data:** 69,122 **2007 Work RVU:** 0.96 **2013 Work RVU:** 0.96 **2007 NF PE RVU:** 2.33 **2013 NF PE RVU:** 3.17 **2007 Fac PE RVU Result:** 0.53 **2013 Fac PE RVU:** 0.82 **2007 Fac PE RVU Result:** Maintain

RUC Recommendation: Specialty intends on revising entire GI endoscopy family. 0.96 **CPT Action (if applicable):** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

45331 Sigmoidoscopy, flexible; with biopsy, single or multiple **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 37,285 **2007 Work RVU:** 1.15 **2013 Work RVU:** 1.15 **2007 NF PE RVU:** 3.11 **2013 NF PE RVU:** 3.82 **2007 Fac PE RVU Result:** 0.64 **2013 Fac PE RVU:** 0.96

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family. **CPT Action (if applicable):** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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45332	Sigmoidoscopy, flexible; with removal of foreign body	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 271	2007 Work RVU: 1.79 2007 NF PE RVU: 5.15 2007 Fac PE RVU: 0.86 2013 Work RVU: 1.79 2013 NF PE RVU: 7.14 2013 Fac PE RVU: 1.25
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013	Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 2,104	2007 Work RVU: 1.79 2007 NF PE RVU: 5.06 2007 Fac PE RVU: 0.85 2013 Work RVU: 1.79 2013 NF PE RVU: 7.27 2013 Fac PE RVU: 1.23
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013	Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 3,323	2007 Work RVU: 2.73 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.24 2013 Work RVU: 2.73 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.77
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013	Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 2,450	2007 Work RVU: 1.46 2007 NF PE RVU: 3.74 2007 Fac PE RVU Result: 0.75 2013 Work RVU: 1.46 2013 NF PE RVU: 7.02 2013 Fac PE RVU: 1.09
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 943	2007 Work RVU: 2.36 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.06 2013 Work RVU: 2.36 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.53
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 4,583	2007 Work RVU: 2.34 2007 NF PE RVU: 5.37 2007 Fac PE RVU Result: 1.07 2013 Work RVU: 2.34 2013 NF PE RVU: 7.32 2013 Fac PE RVU: 1.53
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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45339 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,665	2007 Work RVU: 3.14 2007 NF PE RVU: 4.03 2007 Fac PE RVU: 1.38 Result:	2013 Work RVU: 3.14 2013 NF PE RVU: 7.01 2013 Fac PE RVU: 1.95
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

45340 Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 1,038	2007 Work RVU: 1.89 2007 NF PE RVU: 7.18 2007 Fac PE RVU: 0.89 Result:	2013 Work RVU: 1.89 2013 NF PE RVU: 13.41 2013 Fac PE RVU: 1.29
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 3,354	2007 Work RVU: 2.60 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.17 Result:	2013 Work RVU: 2.60 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.71
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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45342 Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or trans mural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 326	2007 Work RVU: 4.05 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.71	2013 Work RVU: 4.05 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.48
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

45345 Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 467	2007 Work RVU: 2.92 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.26	2013 Work RVU: 2.92 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.86
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): May 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 750	2007 Work RVU: 3.51 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.43	2013 Work RVU: 3.51 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.03
RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable): October 2013			
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)			Global: 000	Issue: Flexible Colonoscopy	Screen: CMS High Expenditure Procedural Codes / MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 758,466	2007 Work RVU: 3.69 2007 NF PE RVU: 6.2 2007 Fac PE RVU 1.57	2013 Work RVU: 3.69 2013 NF PE RVU: 7.79 2013 Fac PE RVU: 2.20
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	October 2013	Result:	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body			Global: 000	Issue:	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 852	2007 Work RVU: 4.68 2007 NF PE RVU: 7.78 2007 Fac PE RVU 1.92	2013 Work RVU: 4.68 2013 NF PE RVU: 10.13 2013 Fac PE RVU: 2.71
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.			CPT Action (if applicable):	October 2013	Result:	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple			Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab 34	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: October 2010	2010 Medicare Utilization Data: 829,160	2007 Work RVU: 4.43 2007 NF PE RVU: 7.33 2007 Fac PE RVU 1.87	2013 Work RVU: 4.43 2013 NF PE RVU: 9.28 2013 Fac PE RVU: 2.63
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family. Remove from MPC List.			CPT Action (if applicable):	October 2013	Result:	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

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45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance			Global: 000	Issue: Colonoscopy	Screen: CMS Fastest Growing / MPC List	Complete? No
Most Recent RUC Meeting:	Tab 51	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: October 2008	2010 Medicare Utilization Data: 54,862	2007 Work RVU: 4.19 2007 NF PE RVU: 7.26 2007 Fac PE RVU: 1.79	2013 Work RVU: 4.19 2013 NF PE RVU: 9.67 2013 Fac PE RVU: 2.52
RUC Recommendation:			Specialty intends on resurveying entire GI endoscopy family. Review September 2013 if not addressed in entire review. CPT Assistant article published.		CPT Action (if applicable): October 2013	Result:	
			Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:	Mar 2009	
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)			Global: 000	Issue:	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 21,136	2007 Work RVU: 5.68 2007 NF PE RVU: 10.04 2007 Fac PE RVU: 2.37	2013 Work RVU: 5.68 2013 NF PE RVU: 12.22 2013 Fac PE RVU: 3.31
RUC Recommendation:			Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable): October 2013	Result:	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique			Global: 000	Issue:	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: September 2011	2010 Medicare Utilization Data: 56,440	2007 Work RVU: 5.86 2007 NF PE RVU: 8.08 2007 Fac PE RVU: 2.34	2013 Work RVU: 5.86 2013 NF PE RVU: 10.59 2013 Fac PE RVU: 3.25
RUC Recommendation:			Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable): October 2013	Result:	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		

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45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Global: 000	Issue:	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 179,190	2007 Work RVU: 4.69 2007 NF PE RVU: 6.9 2007 Fac PE RVU Result: 1.93 2013 Work RVU: 4.69 2013 NF PE RVU: 8.88 2013 Fac PE RVU: 2.65
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	October 2013	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab 34	Specialty Developing Recommendation:	AGA, ASGE, SAGES	First Identified: October 2010	2010 Medicare Utilization Data: 640,634
	September 2011				2007 Work RVU: 5.30 2007 NF PE RVU: 7.94 2007 Fac PE RVU Result: 2.18 2013 Work RVU: 5.30 2013 NF PE RVU: 10.08 2013 Fac PE RVU: 3.07
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family. Remove from MPC List.		CPT Action (if applicable):	October 2013	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	Global: 000	Issue:	Screen: MPC List	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 2,152	2007 Work RVU: 4.57 2007 NF PE RVU: 12.37 2007 Fac PE RVU Result: 1.89 2013 Work RVU: 4.57 2013 NF PE RVU: 15.71 2013 Fac PE RVU: 2.65
RUC Recommendation:	Specialty intends on resurveying entire GI endoscopy family.		CPT Action (if applicable):	October 2013	
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	Global: 000	Issue:	Screen: MPC List	Complete? No
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Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 655	2007 Work RVU: 5.90	2013 Work RVU: 5.90
					2007 NF PE RVU: NA	2013 NF PE RVU: NA
					2007 Fac PE RVU 2.49	2013 Fac PE RVU: 3.51

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	Global: 000	Issue:	Screen: MPC List	Complete? No
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Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 577	2007 Work RVU: 5.09	2013 Work RVU: 5.09
					2007 NF PE RVU: NA	2013 NF PE RVU: NA
					2007 Fac PE RVU 2.13	2013 Fac PE RVU: 2.99

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Global: 000	Issue:	Screen: MPC List	Complete? No
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Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 137	2007 Work RVU: 6.54	2013 Work RVU: 6.54
					2007 NF PE RVU: NA	2013 NF PE RVU: NA
					2007 Fac PE RVU 2.65	2013 Fac PE RVU: 3.73

RUC Recommendation: Specialty intends on resurveying entire GI endoscopy family.

CPT Action (if applicable): October 2013

Result:

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

46200 Fissurectomy, including sphincterotomy, when performed

Global: 090

Issue: Fissurectomy

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent **Tab** 16 **Specialty Developing** ACS
RUC Meeting: September 2007 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 1,640

2007 Work RVU: 3.48

2013 Work RVU: 3.59

2007 NF PE RVU: 4.46

2013 NF PE RVU: 9.36

2007 Fac PE RVU 3.08

2013 Fac PE RVU: 5.64

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

47011 Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported
Together 75% or More-
Part2

Complete? Yes

Most Recent **Tab** **Specialty Developing**
RUC Meeting: **Recommendation:**

First
Identified: January 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 3.69

2013 Work RVU: 3.69

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 1.17

2013 Fac PE RVU: 1.30

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

47382 Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency

Global: 010

Issue: Interventional Radiology
Procedures

Screen: CMS Request - Practice
Expense Review

Complete? Yes

Most Recent **Tab** 13 **Specialty Developing** ACR, SIR
RUC Meeting: October 2008 **Recommendation:**

First
Identified: NA

2010 Medicare
Utilization Data: 1,601

2007 Work RVU: 15.19

2013 Work RVU: 15.22

2007 NF PE RVU: NA

2013 NF PE RVU: 136.91

2007 Fac PE RVU 5.83

2013 Fac PE RVU: 6.06

Result: PE Only

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

47490 Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation **Global:** 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 7,223 **2007 Work RVU:** 8.05 **2013 Work RVU:** 4.76 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 5.32 **2013 Fac PE RVU:** 4.69 **RUC Recommendation:** 4.76 **CPT Action (if applicable):** June 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

47500 Injection procedure for percutaneous transhepatic cholangiography **Global:** 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.96 **2013 Work RVU:** 1.96 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 0.62 **2013 Fac PE RVU:** 0.69 **RUC Recommendation:** Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Referred to CPT Asst** ☐ **Published in CPT Asst:**

47505 Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube) **Global:** 000 **Issue:** Introduction of Liver X-ray with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.76 **2013 Work RVU:** 0.76 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 0.24 **2013 Fac PE RVU:** 0.27 **RUC Recommendation:** Refer to CPT to bundle. **CPT Action (if applicable):** CPT 2016 cycle **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47510	Introduction of percutaneous transhepatic catheter for biliary drainage	Global: 090	Issue: Introduction of Liver X-ray with Radiological S&I	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 7.94 2007 NF PE RVU: NA 2007 Fac PE RVU 4.76 2013 Work RVU: 8.03 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.08
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	Result:
<hr/>					
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	Global: 090	Issue: Introduction of Liver X-ray with Radiological S&I	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 10.74 2007 NF PE RVU: NA 2007 Fac PE RVU 4.87 2013 Work RVU: 10.77 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.23
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	Result:
<hr/>					
47525	Change of percutaneous biliary drainage catheter	Global: 000	Issue: Change Biliary Drainage Catheter	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 14	Specialty Developing Recommendation: ACR, SIR	First Identified: February 2008	2010 Medicare Utilization Data: 10,725	2007 Work RVU: 5.55 2007 NF PE RVU: 14.8 2007 Fac PE RVU 2.67 2013 Work RVU: 1.54 2013 NF PE RVU: 13.45 2013 Fac PE RVU: 0.82
RUC Recommendation: 1.54			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

47562 Laparoscopy, surgical; cholecystectomy

Global: 090

Issue: RAW review

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing
Recommendation:

First
Identified: September 2011

2010 Medicare
Utilization Data: 116,094

2007 Work RVU: 11.63

2013 Work RVU: 10.47

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 5.06

2013 Fac PE RVU: 6.80

Result: Maintain

RUC Recommendation: Reaffirmed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

47563 Laparoscopy, surgical; cholecystectomy with cholangiography

Global: 090

Issue: RAW review

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing
Recommendation:

First
Identified: September 2011

2010 Medicare
Utilization Data: 59,873

2007 Work RVU: 12.03

2013 Work RVU: 11.47

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 5.24

2013 Fac PE RVU: 7.25

Result: Maintain

RUC Recommendation: 12.11

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

47600 Cholecystectomy;

Global: 090

Issue: Cholecystectomy

Screen: CMS Request - NPRM
for 2012

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 36

Specialty Developing
Recommendation: ACS, SAGES

First
Identified: September 2011

2010 Medicare
Utilization Data: 17,084

2007 Work RVU: 17.35

2013 Work RVU: 17.48

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 6.4

2013 Fac PE RVU: 10.41

Result: Increase

RUC Recommendation: 20.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

47605 Cholecystectomy; with cholangiography

Global: 090

Issue: Cholecystectomy

Screen: CMS Request - NPRM
for 2012

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 36

Specialty Developing
Recommendation: ACS, SAGES

First
Identified: September 2011

2010 Medicare
Utilization Data: 4,202

2007 Work RVU: 15.90

2013 Work RVU: 18.48

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 6.47

2013 Fac PE RVU: 10.82

Result: Increase

RUC Recommendation: 21.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

48102 Biopsy of pancreas, percutaneous needle

Global: 010

Issue: Percutaneous Needle Biopsy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007

2010 Medicare Utilization Data: 2,518

2007 Work RVU: 4.68

2013 Work RVU: 4.70

2007 NF PE RVU: 8.21

2013 NF PE RVU: 10.75

2007 Fac PE RVU: 1.85

2013 Fac PE RVU: 1.96

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

48511 External drainage, pseudocyst of pancreas; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:**

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 3.99

2013 Work RVU: 3.99

2007 NF PE RVU: 20.43

2013 NF PE RVU: 23.83

2007 Fac PE RVU: 1.27

2013 Fac PE RVU: 1.41

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

4900X2

Global:

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result: Decrease

RUC Recommendation: 4.25

CPT Action (if applicable):

October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

4900X3				Global:	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation:	ACR, SIR	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU:
RUC Recommendation: 4.25				CPT Action (if applicable):	October 2012	2007 NF PE RVU:	2013 NF PE RVU:
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU	2013 Fac PE RVU:
						Result: Decrease	
<hr/>							
4900X4				Global:	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation:	ACR, SIR	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU:
RUC Recommendation: 4.50				CPT Action (if applicable):	October 2012	2007 NF PE RVU:	2013 NF PE RVU:
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU	2013 Fac PE RVU:
						Result: Decrease	
<hr/>							
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous			Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation:	ACR, SIR	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.37	2013 Work RVU: 3.37
RUC Recommendation: Deleted from CPT				CPT Action (if applicable):	October 2012	2007 NF PE RVU: 20.43	2013 NF PE RVU: 22.99
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 1.07	2013 Fac PE RVU: 1.20
						Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation: ACR, SIR	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.99 2007 NF PE RVU: 19.33 2007 Fac PE RVU: 1.27 2013 Work RVU: 3.99 2013 NF PE RVU: 23.41 2013 Fac PE RVU: 1.42
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:	Result: Deleted from CPT
<hr/>					
49061	Drainage of retroperitoneal abscess; percutaneous	Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation: ACR, SIR	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.69 2007 NF PE RVU: 19.38 2007 Fac PE RVU: 1.17 2013 Work RVU: 3.69 2013 NF PE RVU: 23.11 2013 Fac PE RVU: 1.31
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:	Result: Deleted from CPT
<hr/>					
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial	Global: 000	Issue: Peritoneocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 5	Specialty Developing Recommendation: ACR, AGA, ASGE, AUR, SIR	First Identified: October 2009	2010 Medicare Utilization Data: 153,121	2007 Work RVU: 1.35 2007 NF PE RVU: 3.63 2007 Fac PE RVU: 0.45 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	June 2010 Published in CPT Asst:	Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49081 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2010 Medicare Utilization Data:** 7,564 **2007 Work RVU:** 1.26 **2013 Work RVU:** **2007 NF PE RVU:** 2.65 **2013 NF PE RVU:** **2007 Fac PE RVU:** 0.43 **2013 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **CPT Action (if applicable):** June 2010 **Result:** Deleted from CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

49082 Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 1.24 **2007 NF PE RVU:** **2013 NF PE RVU:** 3.95 **2007 Fac PE RVU:** **2013 Fac PE RVU:** 0.78 **RUC Recommendation:** 1.35 **CPT Action (if applicable):** June 2010 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

49083 Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 2.00 **2007 NF PE RVU:** **2013 NF PE RVU:** 7.39 **2007 Fac PE RVU:** **2013 Fac PE RVU:** 1.11 **RUC Recommendation:** 2.00 **CPT Action (if applicable):** June 2010 **Result:** Decrease **Referred to CPT Asst** ☐ **Published in CPT Asst:**

49084 Peritoneal lavage, including imaging guidance, when performed **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 2.00 **2007 NF PE RVU:** **2013 NF PE RVU:** NA **2007 Fac PE RVU:** **2013 Fac PE RVU:** 0.81 **RUC Recommendation:** 2.50 **CPT Action (if applicable):** June 2010 **Result:** Increase **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	Global: 000	Issue: Intraperitoneal Catheter Codes	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 11	Specialty Developing Recommendation: ACS, ACR, SIR	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 4.21 2013 NF PE RVU: 39.56 2013 Fac PE RVU: 1.80
RUC Recommendation: 4.21			CPT Action (if applicable): February 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
49420	Deleted from CPT	Global: 000	Issue: Insertion of Intraperitoneal Cannula or Catheter	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40	Specialty Developing Recommendation: ACS	First Identified: April 2008	2010 Medicare Utilization Data: 5,149	2007 Work RVU: 2.22 2007 NF PE RVU: NA 2007 Fac PE RVU 1.11 Result: Deleted from CPT 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	Global: 000	Issue: Intraperitoneal Catheter Codes	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 11	Specialty Developing Recommendation: ACS, ACR, SIR	First Identified: September 2007	2010 Medicare Utilization Data: 6,572	2007 Work RVU: 5.87 2007 NF PE RVU: NA 2007 Fac PE RVU 3.15 Result: Decrease 2013 Work RVU: 4.21 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.73
RUC Recommendation: 4.21			CPT Action (if applicable): February 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

49505 Repair initial inguinal hernia, age 5 years or older; reducible **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent **Tab** 30 **Specialty Developing** **First** **2010 Medicare** **2007 Work RVU:** 7.88 **2013 Work RVU:** 7.96
RUC Meeting: January 2012 **Recommendation:** **Identified:** September 2011 **Utilization Data:** 80,558 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 3.78 **2013 Fac PE RVU:** 5.83
RUC Recommendation: Reaffirmed **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49507 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 29 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** 9.97 **2013 Work RVU:** 9.09
RUC Meeting: February 2011 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 12,065 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 4.46 **2013 Fac PE RVU:** 6.36
RUC Recommendation: 10.05 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49521 Repair recurrent inguinal hernia, any age; incarcerated or strangulated **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 29 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** 12.36 **2013 Work RVU:** 11.48
RUC Meeting: February 2011 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 2,611 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.18 **2013 Fac PE RVU:** 7.28
RUC Recommendation: 12.44 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49587 Repair umbilical hernia, age 5 years or older; incarcerated or strangulated **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 29 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** 7.96 **2013 Work RVU:** 7.08
RUC Meeting: February 2011 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 9,476 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 3.77 **2013 Fac PE RVU:** 5.58
RUC Recommendation: 8.04 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 30 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 11.92
RUC Meeting: February 2011 **Recommendation:** **Identified:** June 2010 **Utilization Data:** 6,870 **2007 NF PE RVU:** **2013 NF PE RVU:** NA
2007 Fac PE RVU **2013 Fac PE RVU:** 7.60
RUC Recommendation: 12.88 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 30 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 14.94
RUC Meeting: February 2011 **Recommendation:** **Identified:** June 2010 **Utilization Data:** 2,877 **2007 NF PE RVU:** **2013 NF PE RVU:** NA
2007 Fac PE RVU **2013 Fac PE RVU:** 9.36
RUC Recommendation: 16.21 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 30 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 13.76
RUC Meeting: February 2011 **Recommendation:** **Identified:** June 2010 **Utilization Data:** 5,943 **2007 NF PE RVU:** **2013 NF PE RVU:** NA
2007 Fac PE RVU **2013 Fac PE RVU:** 8.34
RUC Recommendation: 15.03 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 30 **Specialty Developing** ACS **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 16.84
RUC Meeting: February 2011 **Recommendation:** **Identified:** June 2010 **Utilization Data:** 2,673 **2007 NF PE RVU:** **2013 NF PE RVU:** NA
2007 Fac PE RVU **2013 Fac PE RVU:** 10.12
RUC Recommendation: 18.11 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50021 Drainage of perirenal or renal abscess; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 3.37

2013 Work RVU: 3.37

2007 NF PE RVU: 21.23

2013 NF PE RVU: 24.67

2007 Fac PE RVU: 1.07

2013 Fac PE RVU: 1.18

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

50200 Renal biopsy; percutaneous, by trocar or needle

Global: 000

Issue: Interventional Radiology Procedures

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 13

Specialty Developing Recommendation: ACR, SIR

First Identified: NA

2010 Medicare Utilization Data: 29,504

2007 Work RVU: 2.63

2013 Work RVU: 2.63

2007 NF PE RVU: NA

2013 NF PE RVU: 15.00

2007 Fac PE RVU: 1.24

2013 Fac PE RVU: 1.29

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy

Global: 090

Issue: RAW

Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 40.45

2013 Work RVU: 40.90

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 16.32

2013 Fac PE RVU: 26.88

RUC Recommendation: Survey for [April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	Global: 000	Issue: Introduction of Catheter or Stent - Renal	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.37 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.46 2013 Work RVU: 3.37 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.57
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	
<hr/>					
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	Global: 000	Issue: Introduction of Catheter or Stent - Renal	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 4.15 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 1.71 2013 Work RVU: 4.15 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.84
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	
<hr/>					
50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	Global: 000	Issue: Introduction of Catheter or Stent - Renal	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.76 2007 NF PE RVU: 2.45 2007 Fac PE RVU Result: 0.63 2013 Work RVU: 0.76 2013 NF PE RVU: 2.24 2013 Fac PE RVU: 0.65
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

50398	Change of nephrostomy or pyelostomy tube			Global: 000	Issue: Introduction of Catheter or Stent - Renal	Screen: Codes Reported Together 75% or More-Part2	Complete?	No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, SIR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 1.46 2007 NF PE RVU: 15.06 2007 Fac PE RVU 0.51	2013 Work RVU: 1.46 2013 NF PE RVU: 13.65 2013 Fac PE RVU: 0.55	
RUC Recommendation: Refer to CPT to bundle.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	Result:		
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed			Global: 090	Issue: Laproscopic Procedures	Screen: CMS Fastest Growing	Complete?	Yes
Most Recent RUC Meeting:	Tab 26	Specialty Developing Recommendation:	AUA	First Identified: October 2008	2010 Medicare Utilization Data: 784	2007 Work RVU: 21.18 2007 NF PE RVU: NA 2007 Fac PE RVU 8.93	2013 Work RVU: 21.36 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.41	
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen		
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy			Global: 090	Issue: Laproscopic Procedures	Screen: CMS Fastest Growing	Complete?	Yes
Most Recent RUC Meeting:	Tab 26	Specialty Developing Recommendation:	AUA	First Identified: October 2008	2010 Medicare Utilization Data: 1,528	2007 Work RVU: 25.26 2007 NF PE RVU: NA 2007 Fac PE RVU 9.99	2013 Work RVU: 25.36 2013 NF PE RVU: NA 2013 Fac PE RVU: 11.19	
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen		
50590	Lithotripsy, extracorporeal shock wave			Global: 090	Issue: Lithotripsy	Screen: CMS High Expenditure Procedural Codes	Complete?	Yes
Most Recent RUC Meeting:	Tab 42	Specialty Developing Recommendation:	AUA	First Identified: September 2011	2010 Medicare Utilization Data: 54,419	2007 Work RVU: 9.64 2007 NF PE RVU: 13.6 2007 Fac PE RVU 4.65	2013 Work RVU: 9.77 2013 NF PE RVU: 10.42 2013 Fac PE RVU: 5.83	
RUC Recommendation: 9.77				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain		

Status Report: CMS Requests and Relativity Assessment Issues

50605 Ureterotomy for insertion of indwelling stent, all types

Global: 090

Issue: Ureterotomy

Screen: CMS Fastest Growing

Complete? No

Most Recent
RUC Meeting: September 2011

Tab 51
Specialty Developing Recommendation: AUA, SIR

First Identified: October 2008

2010 Medicare Utilization Data: 3,584

2007 Work RVU: 16.66

2013 Work RVU: 16.79

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 7.06

2013 Fac PE RVU: 9.23

Result:

RUC Recommendation: Review September 2014. CPT Assistant article published.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Dec 2009

51040 Cystostomy, cystotomy with drainage

Global: 090

Issue: Cystostomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent
RUC Meeting: September 2007

Tab 16
Specialty Developing Recommendation: AUA

First Identified: September 2007

2010 Medicare Utilization Data: 6,142

2007 Work RVU: 4.43

2013 Work RVU: 4.49

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 3.01

2013 Fac PE RVU: 3.55

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: April 2008

Tab 45
Specialty Developing Recommendation: AUA

First Identified: September 2007

2010 Medicare Utilization Data: 13,947

2007 Work RVU:

2013 Work RVU: 2.70

2007 NF PE RVU:

2013 NF PE RVU: 3.74

2007 Fac PE RVU

2013 Fac PE RVU: 1.25

Result: Decrease

RUC Recommendation: 2.70

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

51726 Complex cystometrogram (ie, calibrated electronic equipment);

Global: 000

Issue: Urodynamic Studies

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent
RUC Meeting: April 2009

Tab 16
Specialty Developing Recommendation: AUA, ACOG

First Identified: February 2008

2010 Medicare Utilization Data: 25,230

2007 Work RVU: 1.71

2013 Work RVU: 1.71

2007 NF PE RVU: 7.41

2013 NF PE RVU: 6.06

2007 Fac PE RVU 7.41

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.71

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2009

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	Global: 000	Issue: Urodynamic Studies	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2009

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified:

2010 Medicare Utilization Data: 5,551

2007 Work RVU:

2013 Work RVU: 2.11

2007 NF PE RVU:

2013 NF PE RVU: 7.13

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 2.11

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	Global: 000	Issue: Urodynamic Studies	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2009

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified:

2010 Medicare Utilization Data: 78,550

2007 Work RVU:

2013 Work RVU: 2.11

2007 NF PE RVU:

2013 NF PE RVU: 7.17

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 2.11

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	Global: 000	Issue: Urodynamic Studies	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2009

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified:

2010 Medicare Utilization Data: 102,506

2007 Work RVU:

2013 Work RVU: 2.51

2007 NF PE RVU:

2013 NF PE RVU: 7.51

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 2.51

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

51736 Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter) **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First **2010 Medicare**
Identified: February 2010 **Utilization Data:** 10,546

2007 Work RVU: 0.61 **2013 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2013 NF PE RVU:** 0.26
2007 Fac PE RVU: 0.67 **2013 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 Complex uroflowmetry (eg, calibrated electronic equipment)

Global: XXX **Issue:** Uroflowmetry

Screen: Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First **2010 Medicare**
Identified: October 2009 **Utilization Data:** 631,519

2007 Work RVU: 1.14 **2013 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2013 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.91 **2013 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

51772 Deleted from CPT

Global: 000 **Issue:** Urodynamic Studies

Screen: Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AUA
RUC Meeting: April 2009 **Recommendation:**

First **2010 Medicare**
Identified: February 2008 **Utilization Data:**

2007 Work RVU: 1.61 **2013 Work RVU:**
2007 NF PE RVU: 5.44 **2013 NF PE RVU:**
2007 Fac PE RVU: 5.44 **2013 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	Global: 000	Issue: Urinary Reflex Studies with EMG	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: October 2012	Tab	Specialty Developing Recommendation: AUA	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 1.53 2007 NF PE RVU: 3.95 2007 Fac PE RVU: 3.95 2013 Work RVU: 1.53 2013 NF PE RVU: 4.10 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT Editorial Panel to add parenthetical and develop CPT assistant article indicating that 51792 and 51784 should not be reported together.			CPT Action (if applicable): 2015 CPT cycle		Result:
			Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	
<hr/>					
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	Global: 000	Issue: Urinary Reflex Studies with EMG	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: October 2012	Tab	Specialty Developing Recommendation: AUA	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 1.10 2007 NF PE RVU: 5.74 2007 Fac PE RVU: 5.74 2013 Work RVU: 1.10 2013 NF PE RVU: 5.19 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT Editorial Panel to add parenthetical and develop CPT assistant article indicating that 51792 and 51784 should not be reported together.			CPT Action (if applicable): 2015 CPT cycle		Result:
			Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	
<hr/>					
51795	Deleted from CPT	Global: 000	Issue: Urology Studies	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation:	First Identified: February 2008	2010 Medicare Utilization Data:	2007 Work RVU: 1.53 2007 NF PE RVU: 7.15 2007 Fac PE RVU: 7.15 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): February 2009		Result: Deleted from CPT
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

51797 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal)
(List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent
RUC Meeting: February 2008

Tab S

Specialty Developing
Recommendation:

First
Identified: February 2008

2010 Medicare
Utilization Data: 156,207

2007 Work RVU: 1.60
2007 NF PE RVU: 5.55
2007 Fac PE RVU 5.55
Result: Maintain

2013 Work RVU: 0.80
2013 NF PE RVU: 2.50
2013 Fac PE RVU: NA

RUC Recommendation: 0.80

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 Cystourethroscopy (separate procedure)

Global: 000

Issue:

Screen: MPC List

Complete? Yes

Most Recent
RUC Meeting: February 2011

Tab 41

Specialty Developing
Recommendation:

First
Identified: October 2010

2010 Medicare
Utilization Data: 908,545

2007 Work RVU: 2.23
2007 NF PE RVU: 3.4
2007 Fac PE RVU 0.91
Result: Maintain

2013 Work RVU: 2.23
2013 NF PE RVU: 3.54
2013 Fac PE RVU: 1.22

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

Global: 000

Issue: Cystourethroscopy

Screen: High Volume Growth

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 16

Specialty Developing AUA
Recommendation:

First
Identified: June 2008

2010 Medicare
Utilization Data: 21,170

2007 Work RVU: 3.70
2007 NF PE RVU: 33.55
2007 Fac PE RVU 1.47
Result: Decrease

2013 Work RVU: 3.50
2013 NF PE RVU: 15.95
2013 Fac PE RVU: 1.25

RUC Recommendation: 3.50. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☒ **Published in CPT Asst:** Oct 2009

52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

Global: 000

Issue: Cystourethroscopy

Screen: High Volume Growth

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 16

Specialty Developing AUA
Recommendation:

First
Identified: February 2008

2010 Medicare
Utilization Data: 54,400

2007 Work RVU: 3.14
2007 NF PE RVU: 32.11
2007 Fac PE RVU 1.28
Result: Increase

2013 Work RVU: 4.05
2013 NF PE RVU: 15.08
2013 Fac PE RVU: 1.45

RUC Recommendation: 4.05. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☒ **Published in CPT Asst:** Oct 2009

Status Report: CMS Requests and Relativity Assessment Issues

52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
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Most Recent RUC Meeting: September 2011

Tab 23 Specialty Developing Recommendation: AUA

First Identified: September 2011

2010 Medicare Utilization Data: 25,704

2007 Work RVU: 4.62

2013 Work RVU: 4.62

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 1.83

2013 Fac PE RVU: 2.07

Result: Maintain

RUC Recommendation: 4.62

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
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Most Recent RUC Meeting: September 2011

Tab 23 Specialty Developing Recommendation: AUA

First Identified: April 2011

2010 Medicare Utilization Data: 30,520

2007 Work RVU: 5.44

2013 Work RVU: 5.44

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 2.13

2013 Fac PE RVU: 2.41

Result: Maintain

RUC Recommendation: 5.44

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
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Most Recent RUC Meeting: September 2011

Tab 23 Specialty Developing Recommendation: AUA

First Identified: September 2011

2010 Medicare Utilization Data: 24,006

2007 Work RVU: 9.71

2013 Work RVU: 7.50

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 3.6

2013 Fac PE RVU: 3.14

Result: Decrease

RUC Recommendation: 8.75

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	Global: 000	Issue: Cystourethroscopy	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 38 Specialty Developing Recommendation: AUA	First Identified: October 2009	2010 Medicare Utilization Data: 111,095	2007 Work RVU: 2.80 2007 NF PE RVU: 6.65 2007 Fac PE RVU 1.21 Result: Maintain	2013 Work RVU: 2.75 2013 NF PE RVU: 4.99 2013 Fac PE RVU: 1.41
RUC Recommendation: 2.80		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Global: 000	Issue: Cystourethroscopy	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: April 2010	Tab 38 Specialty Developing Recommendation: AUA	First Identified: October 2009	2010 Medicare Utilization Data: 140,493	2007 Work RVU: 2.83 2007 NF PE RVU: 7.42 2007 Fac PE RVU 1.19 Result: Maintain	2013 Work RVU: 2.82 2013 NF PE RVU: 12.12 2013 Fac PE RVU: 1.43
RUC Recommendation: Refer to CPT to bundle 52332 and 52353		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2013		
<hr/>					
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 65 Specialty Developing Recommendation: AUA	First Identified: April 2008	2010 Medicare Utilization Data: 2,325	2007 Work RVU: 6.11 2007 NF PE RVU: NA 2007 Fac PE RVU 2.44 Result: Decrease	2013 Work RVU: 5.35 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.53
RUC Recommendation: 5.35		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 65 Specialty Developing Recommendation: AUA	First Identified: April 2008	2010 Medicare Utilization Data: 297	2007 Work RVU: 6.61 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 5.85 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.71
RUC Recommendation: 5.85	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 65 Specialty Developing Recommendation: AUA	First Identified: April 2008	2010 Medicare Utilization Data: 33	2007 Work RVU: 7.31 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 6.55 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.95
RUC Recommendation: 6.55	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 65 Specialty Developing Recommendation: AUA	First Identified: September 2007	2010 Medicare Utilization Data: 2,654	2007 Work RVU: 7.81 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 7.05 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.30
RUC Recommendation: 7.05	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 65 Specialty Developing Recommendation: AUA	First Identified: April 2008	2010 Medicare Utilization Data: 487	2007 Work RVU: 8.31 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 7.55 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.48
RUC Recommendation: 7.55	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

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52346 Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 65 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First Identified: April 2008

2010 Medicare Utilization Data: 114

2007 Work RVU: 9.34

2013 Work RVU: 8.58

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 3.62

2013 Fac PE RVU: 3.87

Result: Decrease

RUC Recommendation: 8.58

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic

Global: 000

Issue: Cystourethroscopy and Ureteroscopy

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent **Tab** 23 **Specialty Developing** AUA
RUC Meeting: September 2011 **Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 19,303

2007 Work RVU: 5.85

2013 Work RVU: 5.75

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 2.36

2013 Fac PE RVU: 2.67

Result: Decrease

RUC Recommendation: 5.75

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Global: 000

Issue: Cystourethroscopy and Ureteroscopy

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent **Tab** 23 **Specialty Developing** AUA
RUC Meeting: September 2011 **Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 16,589

2007 Work RVU: 6.87

2013 Work RVU: 6.75

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 2.77

2013 Fac PE RVU: 3.13

Result: Decrease

RUC Recommendation: 6.75

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: September 2011	Tab 23 Specialty Developing Recommendation: AUA	First Identified: April 2011	2010 Medicare Utilization Data: 35,333	2007 Work RVU: 7.96 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.14 Result: Decrease	2013 Work RVU: 7.50 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.40
RUC Recommendation: Refer to CPT to bundle 52332 and 52353		CPT Action (if applicable): February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 23 Specialty Developing Recommendation: AUA	First Identified: September 2011	2010 Medicare Utilization Data: 6,876	2007 Work RVU: 7.33 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.94 Result: Increase	2013 Work RVU: 8.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.58
RUC Recommendation: 8.58		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 23 Specialty Developing Recommendation: AUA	First Identified: September 2011	2010 Medicare Utilization Data: 934	2007 Work RVU: 8.81 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.44 Result: Increase	2013 Work RVU: 9.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 3.93
RUC Recommendation: 10.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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52400 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 65 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First **2010 Medicare**
Identified: September 2007 **Utilization Data:** 491

2007 Work RVU: 10.06 **2013 Work RVU:** 8.69
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 4.18 **2013 Fac PE RVU:** 4.36
Result: Decrease

RUC Recommendation: 8.69

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

52500 Transurethral resection of bladder neck (separate procedure)

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 65 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First **2010 Medicare**
Identified: September 2007 **Utilization Data:** 4,914

2007 Work RVU: 9.39 **2013 Work RVU:** 8.14
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 4.52 **2013 Fac PE RVU:** 5.31
Result: Decrease

RUC Recommendation: 8.14

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

52640 Transurethral resection; of postoperative bladder neck contracture

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 45 **Specialty Developing** AUA
RUC Meeting: April 2008 **Recommendation:**

First **2010 Medicare**
Identified: September 2007 **Utilization Data:** 1,979

2007 Work RVU: 6.89 **2013 Work RVU:** 4.79
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 3.35 **2013 Fac PE RVU:** 3.99
Result: Decrease

RUC Recommendation: 4.79

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

52648 Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** AUA
RUC Meeting: April 2008 **Recommendation:**

First **2010 Medicare**
Identified: February 2008 **Utilization Data:** 30,107

2007 Work RVU: 12.00 **2013 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2013 NF PE RVU:** 41.52
2007 Fac PE RVU: 5.44 **2013 Fac PE RVU:** 6.75
Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

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53256X				Global:	Issue:	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified: January 2013	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff			Global: 090	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 31	Specialty Developing Recommendation: AUA		First Identified: September 2007	2010 Medicare Utilization Data: 1,915	2007 Work RVU: 15.21 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 13.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 7.65
RUC Recommendation: 13.00				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy			Global: 090	Issue: Transurethral Destruction of Prostate Tissue	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 43	Specialty Developing Recommendation: AUA		First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 9.98 2007 NF PE RVU: 82.87 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 10.08 2013 NF PE RVU: 51.35 2013 Fac PE RVU: 6.66
RUC Recommendation: 10.08				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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54405 Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 45 **Specialty Developing** AUA
RUC Meeting: April 2008 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 5,328

2007 Work RVU: 14.39 **2013 Work RVU:** 14.52
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2013 Fac PE RVU:** 7.56
Result: Maintain

RUC Recommendation: 14.39

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing** AUA
RUC Meeting: February 2011 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,269

2007 Work RVU: 16.48 **2013 Work RVU:** 15.18
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2013 Fac PE RVU:** 8.34
Result: Decrease

RUC Recommendation: 15.18

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach **Global:** 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AUA
RUC Meeting: September 2007 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 4,208

2007 Work RVU: 5.25 **2013 Work RVU:** 5.30
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2013 Fac PE RVU:** 3.67
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

54530 Orchiectomy, radical, for tumor; inguinal approach **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 65 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First Identified: September 2007 **2010 Medicare Utilization Data:** 1,285

2007 Work RVU: 9.31 **2013 Work RVU:** 8.46
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2013 Fac PE RVU:** 5.45
Result: Decrease

RUC Recommendation: 8.46

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

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55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Global: 090	Issue: Lap Radical Prostatectomy	Screen: New Technology / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 14 Specialty Developing Recommendation: AUA	First Identified: September 2007	2010 Medicare Utilization Data: 12,665	2007 Work RVU: 32.25 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.87 Result: Decrease	2013 Work RVU: 32.06 2013 NF PE RVU: NA 2013 Fac PE RVU: 15.16
RUC Recommendation: 32.06		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	Global: 090	Issue: Cryoablation of Prostate	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 25 Specialty Developing Recommendation: AUA	First Identified: September 2007	2010 Medicare Utilization Data: 3,703	2007 Work RVU: 20.25 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.59 Result: Decrease	2013 Work RVU: 13.60 2013 NF PE RVU: 194.48 2013 Fac PE RVU: 7.30
RUC Recommendation: 13.45		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Global: 010	Issue: Destruction of Lesions	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16 Specialty Developing Recommendation: ACOG	First Identified: September 2007	2010 Medicare Utilization Data: 1,864	2007 Work RVU: 3.03 2007 NF PE RVU: 2.5 2007 Fac PE RVU: 1.79 Result: PE Only	2013 Work RVU: 3.08 2013 NF PE RVU: 3.14 2013 Fac PE RVU: 2.39
RUC Recommendation: Reduce 99238 to 0.5		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
56620	Vulvectomy simple; partial	Global: 090	Issue: Partial Removal of Vulva	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab D Specialty Developing Recommendation: ACOG	First Identified: September 2007	2010 Medicare Utilization Data: 2,361	2007 Work RVU: 8.44 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.7 Result: Decrease	2013 Work RVU: 7.53 2013 NF PE RVU: NA 2013 Fac PE RVU: 6.45
RUC Recommendation: 7.35		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy **Global:** 000 **Issue:** Vaginal Radiation Afterloading Apparatus for Clinical Brachytherapy **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 12 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 5,266 **2007 Work RVU:** 6.79 **2013 Work RVU:** 5.40 **2007 NF PE RVU:** NA **2013 NF PE RVU:** 7.17 **2007 Fac PE RVU:** 4.3 **2013 Fac PE RVU:** 2.40 **RUC Recommendation:** 5.40 **CPT Action (if applicable):** October 2009 **Published in CPT Asst:** ☐ **Result:** Decrease

57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy **Global:** 000 **Issue:** Vaginal Radiation Afterloading Apparatus for Clinical Brachytherapy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 12 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 2.69 **2007 NF PE RVU:** **2013 NF PE RVU:** 2.78 **2007 Fac PE RVU:** **2013 Fac PE RVU:** 1.27 **RUC Recommendation:** 2.69 **CPT Action (if applicable):** October 2009 **Published in CPT Asst:** ☐ **Result:** Decrease

57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 2,127 **2007 Work RVU:** 11.49 **2013 Work RVU:** 11.15 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 5.73 **2013 Fac PE RVU:** 7.48 **RUC Recommendation:** 10.97 **CPT Action (if applicable):** **Published in CPT Asst:** ☐ **Result:** Decrease

57288 Sling operation for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2010 Medicare Utilization Data:** 47,685 **2007 Work RVU:** 14.01 **2013 Work RVU:** 12.13 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 6.21 **2013 Fac PE RVU:** 7.34 **RUC Recommendation:** 12.00 **CPT Action (if applicable):** **Published in CPT Asst:** ☐ **Result:** Decrease

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58555	Hysteroscopy, diagnostic (separate procedure)		Global: 000	Issue: Hysteroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 26	Specialty Developing Recommendation:	ACOG	First Identified: NA	2010 Medicare Utilization Data: 1,906	2007 Work RVU: 3.33 2007 NF PE RVU: 2.32 2007 Fac PE RVU: 1.47 Result: PE Only
RUC Recommendation: New PE inputs				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 3.33 2013 NF PE RVU: 5.26 2013 Fac PE RVU: 1.79

58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C		Global: 000	Issue: Hysteroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 26	Specialty Developing Recommendation:	ACOG	First Identified: NA	2010 Medicare Utilization Data: 38,647	2007 Work RVU: 4.74 2007 NF PE RVU: 2.52 2007 Fac PE RVU: 2.05 Result: PE Only
RUC Recommendation: New PE inputs				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 4.74 2013 NF PE RVU: 6.39 2013 Fac PE RVU: 2.43

58562	Hysteroscopy, surgical; with removal of impacted foreign body		Global: 000	Issue: Hysteroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 26	Specialty Developing Recommendation:	ACOG	First Identified: NA	2010 Medicare Utilization Data: 134	2007 Work RVU: 5.20 2007 NF PE RVU: 2.63 2007 Fac PE RVU: 2.21 Result: PE Only
RUC Recommendation: New PE inputs				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 5.20 2013 NF PE RVU: 6.26 2013 Fac PE RVU: 2.58

58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)		Global: 000	Issue: Hysteroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 26	Specialty Developing Recommendation:	ACOG	First Identified: NA	2010 Medicare Utilization Data: 6,112	2007 Work RVU: 6.16 2007 NF PE RVU: 51.38 2007 Fac PE RVU: 2.58 Result: PE Only
RUC Recommendation: New PE inputs				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 6.16 2013 NF PE RVU: 43.83 2013 Fac PE RVU: 3.03

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58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Global: 090	Issue: Laproscopic Procedures	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting:	Tab 16 September 2007	Specialty Developing Recommendation: AUA, ACOG	First Identified: September 2007	2010 Medicare Utilization Data: 1,833	2007 Work RVU: 11.54 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.07 Result: PE Only
RUC Recommendation:	Reduce 99238 to 0.5	CPT Action (if applicable):		Published in CPT Asst:	2013 Work RVU: 11.59 2013 NF PE RVU: NA 2013 Fac PE RVU: 6.48
		Referred to CPT Asst	<input type="checkbox"/>		

58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Global: 010	Issue: Laproscopic Procedures	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting:	Tab 16 September 2007	Specialty Developing Recommendation: ACOG	First Identified: September 2007	2010 Medicare Utilization Data: 9,974	2007 Work RVU: 11.30 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.84 Result: PE Only
RUC Recommendation:	Reduce 99238 to 0.5	CPT Action (if applicable):		Published in CPT Asst:	2013 Work RVU: 11.35 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.94
		Referred to CPT Asst	<input type="checkbox"/>		

58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: January 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.37 2007 NF PE RVU: 20.75 2007 Fac PE RVU: 1.08 Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	CPT Action (if applicable):		Published in CPT Asst:	2013 Work RVU: 3.37 2013 NF PE RVU: 23.49 2013 Fac PE RVU: 1.20
		Referred to CPT Asst	<input type="checkbox"/>	October 2012	

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59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 3,985 **2007 Work RVU:** 26.80 **2013 Work RVU:** 32.16
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 15.06 **2013 Fac PE RVU:** 22.07
RUC Recommendation: 32.69 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 Vaginal delivery only (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,581 **2007 Work RVU:** 13.48 **2013 Work RVU:** 14.37
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 4.91 **2013 Fac PE RVU:** 6.22
RUC Recommendation: 14.37 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59410 Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2010 Medicare Utilization Data:** 1,266 **2007 Work RVU:** 15.29 **2013 Work RVU:** 18.01
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 5.96 **2013 Fac PE RVU:** 8.32
RUC Recommendation: 18.54 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 External cephalic version, with or without tocolysis **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 31 **2007 Work RVU:** 1.71 **2013 Work RVU:** 1.71
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 0.77 **2013 Fac PE RVU:** 0.92
RUC Recommendation: 1.71 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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59414	Delivery of placenta (separate procedure)		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: April 2008	2010 Medicare Utilization Data: 48	2007 Work RVU: 1.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.59 Result: Maintain
RUC Recommendation: 1.61				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 1.61 2013 NF PE RVU: NA 2013 Fac PE RVU: 0.69

59425	Antepartum care only; 4-6 visits		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: April 2008	2010 Medicare Utilization Data: 818	2007 Work RVU: 6.22 2007 NF PE RVU: 4.21 2007 Fac PE RVU: 1.81 Result: Decrease
RUC Recommendation: 6.31				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 6.31 2013 NF PE RVU: 5.74 2013 Fac PE RVU: 2.70

59426	Antepartum care only; 7 or more visits		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: April 2008	2010 Medicare Utilization Data: 856	2007 Work RVU: 11.04 2007 NF PE RVU: 7.6 2007 Fac PE RVU: 3.17 Result: Decrease
RUC Recommendation: 11.16				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 11.16 2013 NF PE RVU: 10.51 2013 Fac PE RVU: 4.77

59430	Postpartum care only (separate procedure)		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: April 2008	2010 Medicare Utilization Data: 1,459	2007 Work RVU: 2.13 2007 NF PE RVU: 1.19 2007 Fac PE RVU: 0.88 Result: Increase
RUC Recommendation: 2.47				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2.47 2013 NF PE RVU: 2.46 2013 Fac PE RVU: 1.05

Status Report: CMS Requests and Relativity Assessment Issues

59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: February 2008	2010 Medicare Utilization Data: 3,242	2007 Work RVU: 30.34 2007 NF PE RVU: NA 2007 Fac PE RVU: 16.92 Result: Increase
RUC Recommendation: 36.17				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 35.64 2013 NF PE RVU: NA 2013 Fac PE RVU: 24.05

59514	Cesarean delivery only;		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified:	2010 Medicare Utilization Data: 1,205	2007 Work RVU: 15.95 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.78 Result: Increase
RUC Recommendation: 16.13				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 16.13 2013 NF PE RVU: NA 2013 Fac PE RVU: 6.95

59515	Cesarean delivery only; including postpartum care		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: April 2008	2010 Medicare Utilization Data: 1,204	2007 Work RVU: 18.26 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.43 Result: Increase
RUC Recommendation: 22.00				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 21.47 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.43

59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery		Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified: April 2008	2010 Medicare Utilization Data: 91	2007 Work RVU: 28.21 2007 NF PE RVU: NA 2007 Fac PE RVU: 15.52 Result: Increase
RUC Recommendation: 34.40				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 33.87 2013 NF PE RVU: NA 2013 Fac PE RVU: 22.60

Status Report: CMS Requests and Relativity Assessment Issues

59612 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 29 **2007 Work RVU:** 15.04 **2013 Work RVU:** 16.09 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 5.6 **2013 Fac PE RVU:** 6.86 **Result:** Increase

RUC Recommendation: 16.09 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 29 **2007 Work RVU:** 16.59 **2013 Work RVU:** 19.73 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 6.49 **2013 Fac PE RVU:** 8.92 **Result:** Increase

RUC Recommendation: 20.26 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

59618 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 34 **2007 Work RVU:** 31.78 **2013 Work RVU:** 36.16 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 17.74 **2013 Fac PE RVU:** 24.22 **Result:** Increase

RUC Recommendation: 36.69 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2010 Medicare Utilization Data:** 23 **2007 Work RVU:** 17.50 **2013 Work RVU:** 16.66 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 6.27 **2013 Fac PE RVU:** 7.11 **Result:** Decrease

RUC Recommendation: 16.66 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent **Tab** 15 **Specialty Developing** ACOG, AAFP **First** **2010 Medicare**
RUC Meeting: October 2009 **Recommendation:** **Identified:** April 2008 **Utilization Data:** 5

RUC Recommendation: 22.53 **CPT Action (if applicable):** **2007 Work RVU:** 19.70 **2013 Work RVU:** 22.00
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2013 Fac PE RVU:** 10.70
Result: Increase

60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy **Global:** 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 46 **Specialty Developing** ACS, AAO- **First** **2010 Medicare**
RUC Meeting: April 2008 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 8,652

RUC Recommendation: 12.29 **CPT Action (if applicable):** **2007 Work RVU:** 12.29 **2013 Work RVU:** 11.19
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2013 Fac PE RVU:** 7.94
Result: Maintain

60225 Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy **Global:** 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 46 **Specialty Developing** ACS, AAO- **First** **2010 Medicare**
RUC Meeting: April 2008 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 792

RUC Recommendation: 14.67 **CPT Action (if applicable):** **2007 Work RVU:** 14.67 **2013 Work RVU:** 14.79
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2013 Fac PE RVU:** 10.28
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

60520	Thymectomy, partial or total; transcervical approach (separate procedure)	Global: 090	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation:	First Identified: November 2011	2010 Medicare Utilization Data: 305	2007 Work RVU: 17.07 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.95 Result: Remove from screen	2013 Work RVU: 17.16 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.15
RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	Global: 090	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation:	First Identified: November 2011	2010 Medicare Utilization Data: 334	2007 Work RVU: 19.11 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.22 Result: Remove from screen	2013 Work RVU: 19.18 2013 NF PE RVU: NA 2013 Fac PE RVU: 9.86
RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)			Global: 090	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	January 2013	Tab 34	Specialty Developing Recommendation:	First Identified: November 2011	2010 Medicare Utilization Data: 131	2007 Work RVU: 23.37 2007 NF PE RVU: NA 2007 Fac PE RVU 10.89 Result: Remove from screen	2013 Work RVU: 23.48 2013 NF PE RVU: NA 2013 Fac PE RVU: 11.93
RUC Recommendation:			No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		CPT Action (if applicable):		
			Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:	
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Stereotactic Computer-Assisted Volumetric Navigational Procedures	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	February 2010	Tab 13	Specialty Developing Recommendation: NASS, AANS/CNS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 3.75 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.89
RUC Recommendation:			3.75		CPT Action (if applicable):	October 2009	
			Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:	
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Stereotactic Computer-Assisted Volumetric Navigational Procedures	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	February 2010	Tab 13	Specialty Developing Recommendation: NASS, AANS/CNS, AAO-HNS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 3.18 2013 NF PE RVU: NA 2013 Fac PE RVU: 1.58
RUC Recommendation:			3.18		CPT Action (if applicable):	October 2009	
			Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 3.75
2007 NF PE RVU: **2013 NF PE RVU:** NA
2007 Fac PE RVU **2013 Fac PE RVU:** 1.90
RUC Recommendation: 3.75 **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

61793 Deleted from CPT **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2010 Medicare Utilization Data:** **2007 Work RVU:** 17.75 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU 10.08 **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

61795 Deleted from CPT **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 22,554 **2007 Work RVU:** 4.03 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU 1.87 **2013 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Global: 090	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes
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Most Recent RUC Meeting: February 2009

Tab 38

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 4,956

2007 Work RVU:

2013 Work RVU: 13.93

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 11.30

RUC Recommendation: 15.50

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes
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Most Recent RUC Meeting: February 2009

Tab 38

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 3,509

2007 Work RVU:

2013 Work RVU: 3.48

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 1.76

RUC Recommendation: 3.48

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Global: 090	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes
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Most Recent RUC Meeting: February 2009

Tab 38

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 3,157

2007 Work RVU:

2013 Work RVU: 19.85

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 14.24

RUC Recommendation: 19.75

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61799 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab 38

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 588

2007 Work RVU:

2013 Work RVU: 4.81

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 2.44

RUC Recommendation: 4.81

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

61800 Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Stereotactic Radiosurgery

Screen: CMS Fastest Growing, Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 16

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data: 5,082

2007 Work RVU:

2013 Work RVU: 2.25

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 1.52

RUC Recommendation: 2.25

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array

Global: 090

Issue: Vagal Nerve Stimulator

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 14

Specialty Developing Recommendation: AANS/CNS

First Identified: September 2007

2010 Medicare Utilization Data: 5,020

2007 Work RVU: 7.37

2013 Work RVU: 6.05

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 5.85

2013 Fac PE RVU: 7.50

RUC Recommendation: 6.44

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2009

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Global: 010	Issue: Epidural Lysis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 66	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, NASS	First Identified: September 2007	2010 Medicare Utilization Data: 1,023	2007 Work RVU: 6.41 2007 NF PE RVU: 11.78 2007 Fac PE RVU: 3.11 2013 Work RVU: 5.00 2013 NF PE RVU: 15.84 2013 Fac PE RVU: 5.10
RUC Recommendation: 6.54			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Global: 010	Issue: Injection of Neurolytic Agent	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: ASA	First Identified: September 2007	2010 Medicare Utilization Data: 625	2007 Work RVU: 2.66 2007 NF PE RVU: 5.16 2007 Fac PE RVU: 0.89 2013 Work RVU: 2.66 2013 NF PE RVU: 4.42 2013 Fac PE RVU: 1.81
RUC Recommendation: Remove 99238			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Q&A May 2010	Result: PE Only
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	Global: 000	Issue: Myelography with Injection	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, ASNR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 1.54 2007 NF PE RVU: 4.62 2007 Fac PE RVU: 0.67 2013 Work RVU: 1.54 2013 NF PE RVU: 4.07 2013 Fac PE RVU: 0.80
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: CPT 2015 cycle	Result:

Status Report: CMS Requests and Relativity Assessment Issues

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

Global: 090 **Issue:** Percutaneous Discectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** ASA **First** **2010 Medicare** **2007 Work RVU:** 8.88 **2013 Work RVU:** 9.03
RUC Meeting: September 2007 **Recommendation:** **Identified:** September 2007 **Utilization Data:** 744 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU 5.18

Result: PE Only

2013 Fac PE RVU: 6.88

62290 Injection procedure for discography, each level; lumbar

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent **Tab** 45 **Specialty Developing** ASA, AAPM, **First** **2010 Medicare** **2007 Work RVU:** 3.00 **2013 Work RVU:** 3.00
RUC Meeting: April 2010 **Recommendation:** AAMPR, **Identified:** October 2009 **Utilization Data:** 19,379 **2007 NF PE RVU:** 6.43 **2013 NF PE RVU:** 6.93
 AUR, NASS, **2007 Fac PE RVU** 1.31 **2013 Fac PE RVU:** 1.87
 ACR, ASNR, **Result:** Maintain
 ISIS, AANS

RUC Recommendation: 3.00, CPT Assistant article published.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Mar 2011

62310 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

Global: 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent **Tab** 18 **Specialty Developing** AAPM, **First** **2010 Medicare** **2007 Work RVU:** 1.91 **2013 Work RVU:** 1.91
RUC Meeting: October 2012 **Recommendation:** AAPMR, **Identified:** January 2012 **Utilization Data:** 184,739 **2007 NF PE RVU:** 4.35 **2013 NF PE RVU:** 5.33
 ASA, ISIS, **2007 Fac PE RVU** 0.63 **2013 Fac PE RVU:** 1.17
 NASS, **Result:** Decrease
 ASNR, ASIPP

RUC Recommendation: 1.68

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	Global: 000	Issue: Spine Injections	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent	Tab 18	Specialty Developing Recommendation:	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	First Identified: September 2011	2010 Medicare Utilization Data: 888,396	2007 Work RVU: 1.54	2013 Work RVU: 1.54
RUC Meeting: October 2012						2007 NF PE RVU: 4.35	2013 NF PE RVU: 4.57
						2007 Fac PE RVU 0.58	2013 Fac PE RVU: 0.98

RUC Recommendation: 1.54

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	Global: 000	Issue: Spine Injections	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent	Tab 18	Specialty Developing Recommendation:	AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	First Identified: January 2012	2010 Medicare Utilization Data: 43,417	2007 Work RVU: 2.04	2013 Work RVU: 2.04
RUC Meeting: October 2012						2007 NF PE RVU: 5.09	2013 NF PE RVU: 4.86
						2007 Fac PE RVU 0.61	2013 Fac PE RVU: 0.74

RUC Recommendation: 2.04

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

62319 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) **Global:** 000 **Issue:** Spine Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 18 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2010 Medicare Utilization Data:** 39,785 **2007 Work RVU:** 1.87 **2013 Work RVU:** 1.87 **2007 NF PE RVU:** 4.45 **2013 NF PE RVU:** 3.07 **2007 Fac PE RVU:** 0.58 **2013 Fac PE RVU:** 0.82

RUC Recommendation: 1.87 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

62350 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,433 **2007 Work RVU:** 8.04 **2013 Work RVU:** 6.05 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 4 **2013 Fac PE RVU:** 4.90

RUC Recommendation: 6.05 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

62355 Removal of previously implanted intrathecal or epidural catheter **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,269 **2007 Work RVU:** 6.60 **2013 Work RVU:** 3.55 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 3.27 **2013 Fac PE RVU:** 3.72

RUC Recommendation: 4.35 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62360 Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 67

Specialty Developing Recommendation: AAPMR, ASA, NASS, AAPM, AANS/CNS

First Identified: April 2008

2010 Medicare Utilization Data: 516

2007 Work RVU: 3.68

2013 Work RVU: 4.33

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 2.87

2013 Fac PE RVU: 4.10

RUC Recommendation: 4.33

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

62361 Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 67

Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: April 2008

2010 Medicare Utilization Data: 146

2007 Work RVU: 6.59

2013 Work RVU: 5.00

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 3.94

2013 Fac PE RVU: 3.87

RUC Recommendation: 5.65

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

62362 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 67

Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2010 Medicare Utilization Data: 6,268

2007 Work RVU: 8.58

2013 Work RVU: 5.60

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 4.46

2013 Fac PE RVU: 4.88

RUC Recommendation: 6.10

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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62365 Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 67 Specialty Developing Recommendation: AAPMR, ASA, NASS, AAPM, AANS/CNS

First Identified: September 2007

2010 Medicare Utilization Data: 1,190

2007 Work RVU: 6.57

2013 Work RVU: 3.93

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 3.65

2013 Fac PE RVU: 4.11

RUC Recommendation: 4.65

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill

Global: XXX

Issue: Electronic Analysis Implanted Pump

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 07 Specialty Developing Recommendation: ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

First Identified: October 2009

2010 Medicare Utilization Data: 12,783

2007 Work RVU: 0.48

2013 Work RVU: 0.48

2007 NF PE RVU: 0.56

2013 NF PE RVU: 0.72

2007 Fac PE RVU: 0.10

2013 Fac PE RVU: 0.22

RUC Recommendation: 0.48

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2010

Published in CPT Asst:

Result: Maintain

62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming

Global: XXX

Issue: Electronic Analysis Implanted Pump

Screen: Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 07 Specialty Developing Recommendation: ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

First Identified: October 2009

2010 Medicare Utilization Data: 186,812

2007 Work RVU: 0.75

2013 Work RVU: 0.67

2007 NF PE RVU: 0.67

2013 NF PE RVU: 0.97

2007 Fac PE RVU: 0.17

2013 Fac PE RVU: 0.31

RUC Recommendation: 0.67

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2010

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62369 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 07

Specialty Developing Recommendation:

ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2013 Work RVU: 0.67
2013 NF PE RVU: 3.06
2013 Fac PE RVU: 0.31

RUC Recommendation: 0.67

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2010
Published in CPT Asst:

Result: Decrease

62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)

Global: XXX

Issue: Electronic Analysis Implanted Pump

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 07

Specialty Developing Recommendation:

ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2013 Work RVU: 0.90
2013 NF PE RVU: 2.98
2013 Fac PE RVU: 0.41

RUC Recommendation: 1.10

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2010
Published in CPT Asst:

Result: Decrease

63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

Global: 090

Issue: Laminectomy

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 24

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 81,701

2007 Work RVU: 15.22
2007 NF PE RVU: NA
2007 Fac PE RVU 9.79

2013 Work RVU: 15.37
2013 NF PE RVU: NA
2013 Fac PE RVU: 13.09

RUC Recommendation: 15.37

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2010 Medicare Utilization Data:** 121,058 **2007 Work RVU:** 3.47 **2013 Work RVU:** 3.47 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 1.58 **2013 Fac PE RVU:** 1.79 **Result:** Maintain **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

RUC Recommendation: 3.47

63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc) **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 7,343 **2007 Work RVU:** 21.73 **2013 Work RVU:** 21.86 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 12.31 **2013 Fac PE RVU:** 15.94 **Result:** **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Oct 2009

RUC Recommendation: Review in October 2014.

63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace **Global:** 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 28,905 **2007 Work RVU:** 19.47 **2013 Work RVU:** 19.60 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 11.87 **2013 Fac PE RVU:** 15.01 **Result:** Maintain **CPT Action (if applicable):** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

RUC Recommendation: 17.69

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63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 5

Specialty Developing Recommendation: NASS, AANS/CNS

First Identified:

2010 Medicare Utilization Data: 22,851

2007 Work RVU: 4.04

2013 Work RVU: 4.04

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU: 1.93

2013 Fac PE RVU: 2.07

Result: Maintain

RUC Recommendation: 19.60

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

63620 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab 38

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 418

2007 Work RVU:

2013 Work RVU: 15.60

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 12.11

Result: Decrease

RUC Recommendation: 15.50

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

63621 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab 38

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 81

2007 Work RVU:

2013 Work RVU: 4.00

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 2.03

Result: Decrease

RUC Recommendation: 4.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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63650	Percutaneous implantation of neurostimulator electrode array, epidural	Global: 010	Issue: Neurostimulators	Screen: Site of Service Anomaly / CMS Fastest Growing / Public Comment Requests NPRM for 2013	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS	First Identified: September 2007	2010 Medicare Utilization Data: 40,421	2007 Work RVU: 7.57 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.11 2013 Work RVU: 7.15 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.06
RUC Recommendation: 7.20. Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Global: 090	Issue: Neurostimulator (Spinal)	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 17	Specialty Developing Recommendation: NASS, AANS	First Identified: October 2008	2010 Medicare Utilization Data: 5,338	2007 Work RVU: 11.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.15 2013 Work RVU: 10.92 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.40
RUC Recommendation: 11.43			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
63660	Deleted from CPT	Global: 090	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 17	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS	First Identified: September 2007	2010 Medicare Utilization Data:	2007 Work RVU: 6.87 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.54 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2008	Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Global: 010	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 17	Specialty Developing Recommendation: ISIS, NASS, AANS/CNS, ASA, AAPM	First Identified:	2010 Medicare Utilization Data: 4,207	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 5.02			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 5.08 2013 NF PE RVU: 11.76 2013 Fac PE RVU: 3.79
<hr/>					
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Global: 090	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 17	Specialty Developing Recommendation: ISIS, NASS, AANS/CNS, ASA, AAPM	First Identified:	2010 Medicare Utilization Data: 911	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 10.84			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 11.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 10.58
<hr/>					
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Global: 010	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 17	Specialty Developing Recommendation: ISIS, NASS, AANS/CNS, ASA, AAPM	First Identified:	2010 Medicare Utilization Data: 1,173	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 7.68			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 7.75 2013 NF PE RVU: 15.82 2013 Fac PE RVU: 5.04
<hr/>					

Status Report: CMS Requests and Relativity Assessment Issues

63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2010 Medicare Utilization Data:** 579 **2007 Work RVU:** **2013 Work RVU:** 11.52 **2007 NF PE RVU:** **2013 NF PE RVU:** NA **2007 Fac PE RVU Result:** Decrease **2013 Fac PE RVU:** 10.54

RUC Recommendation: 11.34 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 12,177 **2007 Work RVU:** 7.87 **2013 Work RVU:** 5.19 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 4.03 **2013 Fac PE RVU:** 4.75

RUC Recommendation: 6.05 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver **Global:** 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 4,540 **2007 Work RVU:** 6.10 **2013 Work RVU:** 5.30 **2007 NF PE RVU:** NA **2013 NF PE RVU:** NA **2007 Fac PE RVU:** 3.56 **2013 Fac PE RVU:** 4.69

RUC Recommendation: 5.25 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

64415	Injection, anesthetic agent; brachial plexus, single	Global: 000	Issue: RAW	Screen: CMS Fastest Growing	Complete? No
Most Recent	Tab 27	Specialty Developing	AAPM, ASA	First Identified: October 2008	2010 Medicare Utilization Data: 108,601
RUC Meeting: October 2012		Recommendation:			
RUC Recommendation: 1.48, Review in October 2014			CPT Action (if applicable):	Published in CPT Asst: Dec 2011 & Apr 20	
			Referred to CPT Asst <input checked="" type="checkbox"/>		

2007 Work RVU: 1.48	2013 Work RVU: 1.48
2007 NF PE RVU: 2.47	2013 NF PE RVU: 1.91
2007 Fac PE RVU 0.43	2013 Fac PE RVU: 0.29
Result:	

64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly	Complete? Yes
Most Recent	Tab 19	Specialty Developing	ASA	First Identified: September 2007	2010 Medicare Utilization Data: 11,164
RUC Meeting: April 2008		Recommendation:			
RUC Recommendation: 1.81			CPT Action (if applicable): February 2008	Published in CPT Asst:	
			Referred to CPT Asst <input type="checkbox"/>		

2007 Work RVU: 3.85	2013 Work RVU: 1.81
2007 NF PE RVU: NA	2013 NF PE RVU: NA
2007 Fac PE RVU 0.74	2013 Fac PE RVU: 0.33
Result: Decrease	

64445	Injection, anesthetic agent; sciatic nerve, single	Global: 000	Issue: RAW	Screen: CMS Fastest Growing	Complete? No
Most Recent	Tab 27	Specialty Developing	AAPM, ASA	First Identified: October 2008	2010 Medicare Utilization Data: 100,047
RUC Meeting: October 2012		Recommendation:			
RUC Recommendation: 1.48, Review in October 2014.			CPT Action (if applicable):	Published in CPT Asst: Dec 2011 & Apr 20	
			Referred to CPT Asst <input checked="" type="checkbox"/>		

2007 Work RVU: 1.48	2013 Work RVU: 1.48
2007 NF PE RVU: 2.42	2013 NF PE RVU: 2.42
2007 Fac PE RVU 0.51	2013 Fac PE RVU: 0.47
Result:	

64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly / High Volume Growth	Complete? Yes
Most Recent	Tab 19	Specialty Developing	ASA	First Identified: February 2008	2010 Medicare Utilization Data: 6,887
RUC Meeting: April 2008		Recommendation:			
RUC Recommendation: 1.81			CPT Action (if applicable): February 2008	Published in CPT Asst:	
			Referred to CPT Asst <input type="checkbox"/>		

2007 Work RVU: 3.61	2013 Work RVU: 1.81
2007 NF PE RVU: NA	2013 NF PE RVU: NA
2007 Fac PE RVU 0.90	2013 Fac PE RVU: 0.33
Result: Decrease	

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64447	Injection, anesthetic agent; femoral nerve, single			Global: 000	Issue: RAW	Screen: CMS Fastest Growing	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation: AAPM, ASA	First Identified: October 2008	2010 Medicare Utilization Data: 104,974	2007 Work RVU: 1.50 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.38 Result:	2013 Work RVU: 1.50 2013 NF PE RVU: 1.90 2013 Fac PE RVU: 0.28	
RUC Recommendation: 1.50, Review October 2014.			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Dec 2011 & Apr 20		
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)			Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly / High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 19	Specialty Developing Recommendation: ASA	First Identified: February 2008	2010 Medicare Utilization Data: 66,283	2007 Work RVU: 3.36 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.73 Result: Decrease	2013 Work RVU: 1.63 2013 NF PE RVU: NA 2013 Fac PE RVU: 0.30	
RUC Recommendation: 1.63			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	February 2008		
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)			Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 19	Specialty Developing Recommendation: ASA	First Identified: September 2007	2010 Medicare Utilization Data: 5,416	2007 Work RVU: 3.24 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.84 Result: Decrease	2013 Work RVU: 1.81 2013 NF PE RVU: NA 2013 Fac PE RVU: 0.45	
RUC Recommendation: 1.81			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	February 2008		

Status Report: CMS Requests and Relativity Assessment Issues

64450 Injection, anesthetic agent; other peripheral nerve or branch **Global:** 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 24 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2010 Medicare Utilization Data:** 268,828 **2007 Work RVU:** 1.27 **2013 Work RVU:** 0.75 **2007 NF PE RVU:** 1.25 **2013 NF PE RVU:** 1.58 **2007 Fac PE RVU:** 0.49 **2013 Fac PE RVU:** 0.52 **RUC Recommendation:** 0.75 **CPT Action (if applicable):** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2013 **Result:** Decrease

64470 Deleted from CPT **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.85 **2013 Work RVU:** **2007 NF PE RVU:** 6.37 **2013 NF PE RVU:** **2007 Fac PE RVU:** 0.71 **2013 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **CPT Action (if applicable):** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

64472 Deleted from CPT **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.29 **2013 Work RVU:** **2007 NF PE RVU:** 2.05 **2013 NF PE RVU:** **2007 Fac PE RVU:** 0.34 **2013 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **CPT Action (if applicable):** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

64475 Deleted from CPT **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.41 **2013 Work RVU:** **2007 NF PE RVU:** 6.07 **2013 NF PE RVU:** **2007 Fac PE RVU:** 0.62 **2013 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **CPT Action (if applicable):** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64476 Deleted from CPT **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** ASA, NASS, **First** **2010 Medicare** **2007 Work RVU:** 0.98 **2013 Work RVU:**
RUC Meeting: April 2008 **Recommendation:** AAPM **Identified:** April 2008 **Utilization Data:** **2007 NF PE RVU:** 1.86 **2013 NF PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2009 **2007 Fac PE RVU:** 0.24 **2013 Fac PE RVU:**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

64479 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes
imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

Most Recent **Tab** 05 **Specialty Developing** AAPM, ISIS, **First** **2010 Medicare** **2007 Work RVU:** 2.20 **2013 Work RVU:** 2.29
RUC Meeting: October 2009 **Recommendation:** ASA, NASS, **Identified:** October 2008 **Utilization Data:** 43,666 **2007 NF PE RVU:** 6.55 **2013 NF PE RVU:** 4.74
RUC Recommendation: 2.29 **CPT Action (if applicable):** June 2009 **2007 Fac PE RVU:** 0.87 **2013 Fac PE RVU:** 1.45
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

64480 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes
imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional
level (List separately in addition to code for primary procedure)

Most Recent **Tab** 05 **Specialty Developing** AAPM, ISIS, **First** **2010 Medicare** **2007 Work RVU:** 1.54 **2013 Work RVU:** 1.20
RUC Meeting: October 2009 **Recommendation:** ASA, NASS, **Identified:** October 2008 **Utilization Data:** 32,822 **2007 NF PE RVU:** 2.5 **2013 NF PE RVU:** 2.08
RUC Recommendation: 1.20 **CPT Action (if applicable):** June 2009 **2007 Fac PE RVU:** 0.45 **2013 Fac PE RVU:** 0.55
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes
imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Most Recent **Tab** 05 **Specialty Developing** AAPM, ISIS, **First** **2010 Medicare** **2007 Work RVU:** 1.90 **2013 Work RVU:** 1.90
RUC Meeting: October 2009 **Recommendation:** ASA, NASS, **Identified:** October 2008 **Utilization Data:** 803,663 **2007 NF PE RVU:** 6.86 **2013 NF PE RVU:** 4.77
RUC Recommendation: 1.90 **CPT Action (if applicable):** June 2009 **2007 Fac PE RVU:** 0.81 **2013 Fac PE RVU:** 1.32
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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64484 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009

Tab 05

Specialty Developing Recommendation:

AAPM, ISIS, ASA, NASS, AAPMR

First Identified: October 2008

2010 Medicare Utilization Data: 422,276

2007 Work RVU: 1.33

2013 Work RVU: 1.00

2007 NF PE RVU: 2.86

2013 NF PE RVU: 1.59

2007 Fac PE RVU 0.36

2013 Fac PE RVU: 0.47

Result: Decrease

RUC Recommendation: 1.00

CPT Action (if applicable):

June 2009

Referred to CPT Asst ☐

Published in CPT Asst:

64490 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level

Global: 000

Issue: Facet Joint Injections

Screen: High Volume Growth

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 18

Specialty Developing Recommendation:

ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS

First Identified:

2010 Medicare Utilization Data: 156,447

2007 Work RVU:

2013 Work RVU: 1.82

2007 NF PE RVU:

2013 NF PE RVU: 3.92

2007 Fac PE RVU

2013 Fac PE RVU: 1.22

RUC Recommendation: 1.82

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

64491 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Facet Joint Injections

Screen: High Volume Growth

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 18

Specialty Developing Recommendation:

ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS

First Identified:

2010 Medicare Utilization Data: 139,473

2007 Work RVU:

2013 Work RVU: 1.16

2007 NF PE RVU:

2013 NF PE RVU: 1.60

2007 Fac PE RVU

2013 Fac PE RVU: 0.53

RUC Recommendation: 1.16

CPT Action (if applicable):

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

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64492 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab 18 Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 99,009 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2013 Work RVU:** 1.16 **2013 NF PE RVU:** 1.61 **2013 Fac PE RVU:** 0.55

RUC Recommendation: 1.16 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

64493 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab 18 Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 565,603 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2013 Work RVU:** 1.52 **2013 NF PE RVU:** 3.71 **2013 Fac PE RVU:** 1.08

RUC Recommendation: 1.52 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

64494 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab 18 Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2010 Medicare Utilization Data:** 496,403 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU:** **2013 Work RVU:** 1.00 **2013 NF PE RVU:** 1.55 **2013 Fac PE RVU:** 0.45

RUC Recommendation: 1.00 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Facet Joint Injections	Screen: High Volume Growth	Complete?	Yes		
Most Recent RUC Meeting:	April 2009	Tab 18	Specialty Developing Recommendation:	ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS	First Identified:	2010 Medicare Utilization Data:	312,363	2007 Work RVU:	2013 Work RVU:	1.00
								2007 NF PE RVU:	2013 NF PE RVU:	1.56
								2007 Fac PE RVU	2013 Fac PE RVU:	0.48
RUC Recommendation:	1.00				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	Result:	Decrease	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)			Global: 000	Issue: Fluroscopy	Screen: CMS Request - Practice Expense Review	Complete?	Yes		
Most Recent RUC Meeting:	April 2009	Tab 27	Specialty Developing Recommendation:	ASA, ISIS, AAPM, APM&R	First Identified:	2010 Medicare Utilization Data:	7,923	2007 Work RVU:	2013 Work RVU:	1.22
								2007 NF PE RVU:	2013 NF PE RVU:	2.56
								2007 Fac PE RVU	2013 Fac PE RVU:	0.87
RUC Recommendation:	New PE inputs				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	Result:	PE Only	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)			Global: 000	Issue: Fluroscopy	Screen: CMS Request - Practice Expense Review	Complete?	Yes		
Most Recent RUC Meeting:	April 2009	Tab 27	Specialty Developing Recommendation:	ASA, ISIS, AAPM, APM&R	First Identified:	2010 Medicare Utilization Data:	20,104	2007 Work RVU:	2013 Work RVU:	1.35
								2007 NF PE RVU:	2013 NF PE RVU:	4.23
								2007 Fac PE RVU	2013 Fac PE RVU:	0.93
RUC Recommendation:	PE Review - no change				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	Result:	PE Only	

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64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Global: 010	Issue: Neurostimulators	Screen: High Volume Growth / CMS Fastest Growing	Complete? No
Most Recent RUC Meeting: September 2011	Tab 51	Specialty Developing Recommendation: ASA, AAPM, ASIPP	First Identified: February 2008	2010 Medicare Utilization Data: 40,366	2007 Work RVU: 2.29 2007 NF PE RVU: 2.96 2007 Fac PE RVU Result: 1.23 2013 Work RVU: 2.32 2013 NF PE RVU: 3.43 2013 Fac PE RVU: 1.84
RUC Recommendation: Review September 2014. CPT Assistant article published.	CPT Action (if applicable):		Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Aug 2009	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Global: 010	Issue: Neurostimulators	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 26	Specialty Developing Recommendation: ISIS, AUA	First Identified: October 2008	2010 Medicare Utilization Data: 14,811	2007 Work RVU: 7.07 2007 NF PE RVU: 27.51 2007 Fac PE RVU Result: 3.05 2013 Work RVU: 7.15 2013 NF PE RVU: 16.14 2013 Fac PE RVU: 3.75
RUC Recommendation: Remove from screen	CPT Action (if applicable):		Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Global: 090	Issue: Vagus Nerve Stimulator	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 14	Specialty Developing Recommendation: AANS/CNS	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 9.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 7.99
RUC Recommendation: 11.19	CPT Action (if applicable):		Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2009	
64573	Deleted from CPT	Global: 090	Issue: Neurosurgical Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 28	Specialty Developing Recommendation: AANS/CNS	First Identified: September 2007	2010 Medicare Utilization Data: 695	2007 Work RVU: 8.15 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 5.31 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT	CPT Action (if applicable):		Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2009	Result: Deleted from CPT

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64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)			Global: 090	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete?	Yes				
Most Recent RUC Meeting:	October 2009	Tab 17	Specialty Developing Recommendation:	AUA	First Identified:	September 2007	2010 Medicare Utilization Data:	8,199	2007 Work RVU:	14.15	2013 Work RVU:	12.20
									2007 NF PE RVU:	NA	2013 NF PE RVU:	NA
									2007 Fac PE RVU	5.73	2013 Fac PE RVU:	5.76
RUC Recommendation:	12.20				CPT Action (if applicable):				Result:	Decrease		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:					
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling				Global: 010	Issue: RAW			Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million		Complete?	Yes
Most Recent RUC Meeting:	October 2012	Tab 27	Specialty Developing Recommendation:		First Identified:	October 2012	2010 Medicare Utilization Data:		2007 Work RVU:	2.42	2013 Work RVU:	2.45
									2007 NF PE RVU:	6.95	2013 NF PE RVU:	5.17
									2007 Fac PE RVU	2.33	2013 Fac PE RVU:	2.00
RUC Recommendation:	Remove from screen				CPT Action (if applicable):				Result:	Remove from Screen		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:					
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level				Global: 010	Issue: Fluroscopy			Screen: CMS Request - Practice Expense Review, High Volume Growth / CMS Fastest Growing, Harvard Valued - Utilization over 100,000		Complete?	Yes
Most Recent RUC Meeting:	April 2009	Tab 27	Specialty Developing Recommendation:	ASA, ISIS, AAPM, APM&R	First Identified:	April 2008	2010 Medicare Utilization Data:	137,642	2007 Work RVU:	3.02	2013 Work RVU:	
									2007 NF PE RVU:	6.82	2013 NF PE RVU:	
									2007 Fac PE RVU	1.34	2013 Fac PE RVU:	
RUC Recommendation:	PE Review - no change				CPT Action (if applicable):		June 2008 and Feb 2011		Result:	PE Only		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:					

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64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Destruction by Neurolytic Agent	Screen: High Volume Growth, Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: ASA, NASS, AAPM	First Identified: February 2008	2010 Medicare Utilization Data: 296,544	2007 Work RVU: 0.99 2007 NF PE RVU: 2.62 2007 Fac PE RVU: 0.22 Result: Maintain
RUC Recommendation: 0.99			CPT Action (if applicable): June 2008 and Feb 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level	Global: 010	Issue: Fluroscopy	Screen: CMS Request - Practice Expense Review, High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 27	Specialty Developing Recommendation: ASA, ISIS, AAPM, APM&R	First Identified: April 2008	2010 Medicare Utilization Data: 30,245	2007 Work RVU: 3.82 2007 NF PE RVU: 6.99 2007 Fac PE RVU: 1.93 Result: PE Only
RUC Recommendation: PE Review - no change			CPT Action (if applicable): June 2008 and Feb 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Destruction by Neurolytic Agent	Screen: High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: ASA, NASS, AAPM	First Identified: April 2008	2010 Medicare Utilization Data: 65,215	2007 Work RVU: 1.16 2007 NF PE RVU: 3.98 2007 Fac PE RVU: 0.26 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): June 2008 and Feb 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:

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64640	Destruction by neurolytic agent; other peripheral nerve or branch			Global: 010	Issue: Injection Treatment of Nerve	Screen: Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting:	September 2011	Tab 25	Specialty Developing Recommendation: ASAM, AAPM, APMA, ASIPP	First Identified: September 2007	2010 Medicare Utilization Data: 71,836	2007 Work RVU: 2.78 2007 NF PE RVU: 3.75 2007 Fac PE RVU: 1.75	2013 Work RVU: 1.23 2013 NF PE RVU: 2.72 2013 Fac PE RVU: 1.48
RUC Recommendation: 1.23. Remove 99238.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result: Decrease	
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified			Global: 090	Issue: Neuroplasty – Leg or Arm	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	October 2010	Tab 69	Specialty Developing Recommendation: AOFAS, ASSH, AAOS, ASPS	First Identified: September 2007	2010 Medicare Utilization Data: 3,279	2007 Work RVU: 6.22 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.73	2013 Work RVU: 6.36 2013 NF PE RVU: NA 2013 Fac PE RVU: 7.33
RUC Recommendation: 6.36				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result: Maintain	
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve			Global: 090	Issue: Neuroplasty – Leg or Arm	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	October 2009	Tab 40	Specialty Developing Recommendation: AOFAS, ASSH, AAOS, ASPS	First Identified: September 2007	2010 Medicare Utilization Data: 795	2007 Work RVU: 7.98 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.86	2013 Work RVU: 8.07 2013 NF PE RVU: NA 2013 Fac PE RVU: 7.46
RUC Recommendation: Remove from screen				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		February 2010 Published in CPT Asst: Result: Remove from Screen	
64831	Suture of digital nerve, hand or foot; 1 nerve			Global: 090	Issue: Neurorrhaphy – Finger	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	October 2010	Tab 70	Specialty Developing Recommendation: AAOS, ASPS, ASSH	First Identified: September 2007	2010 Medicare Utilization Data: 996	2007 Work RVU: 10.23 2007 NF PE RVU: NA 2007 Fac PE RVU: 7	2013 Work RVU: 9.16 2013 NF PE RVU: NA 2013 Fac PE RVU: 9.56
RUC Recommendation: 9.16				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result: Decrease	

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65105 Enucleation of eye; with implant, muscles attached to implant **Global:** 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAO
RUC Meeting: September 2007 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 907

2007 Work RVU: 9.70

2013 Work RVU: 9.93

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 10.13

2013 Fac PE RVU: 14.51

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

65222 Removal of foreign body, external eye; corneal, with slit lamp

Global: 000

Issue: Removal of Foreign Body

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent **Tab** 26 **Specialty Developing** AAO, AOA
RUC Meeting: September 2011 **Recommendation:** (optometric)

First
Identified: April 2011

2010 Medicare
Utilization Data: 32,848

2007 Work RVU: 0.93

2013 Work RVU: 0.84

2007 NF PE RVU: 0.87

2013 NF PE RVU: 1.09

2007 Fac PE RVU 0.40

2013 Fac PE RVU: 0.64

Result: Maintain

RUC Recommendation: 0.93

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

65285 Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue

Global: 090

Issue: Repair of Eye Wound

Screen: Site of Service Anomaly

Complete? Yes

Most Recent **Tab** 8 **Specialty Developing** AAO
RUC Meeting: February 2011 **Recommendation:**

First
Identified: September 2007

2010 Medicare
Utilization Data: 971

2007 Work RVU: 14.43

2013 Work RVU: 15.36

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 9.12

2013 Fac PE RVU: 16.13

Result: Decrease

RUC Recommendation: 16.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

Global: 090

Issue: Ophthalmological Procedures

Screen: CMS Fastest Growing

Complete? No

Most Recent **Tab** 51 **Specialty Developing** AAO
RUC Meeting: September 2011 **Recommendation:**

First
Identified: October 2008

2010 Medicare
Utilization Data: 3,062

2007 Work RVU: 10.43

2013 Work RVU: 10.73

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 10.04

2013 Fac PE RVU: 14.84

Result:

RUC Recommendation: Add to new technology list and review in 3 years (Sept 2014). CPT Assistant article published.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Jun 2009

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65800 Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 21 **Specialty Developing** AAO
RUC Meeting: April 2012 **Recommendation:**

First
Identified: September 2011

2010 Medicare
Utilization Data: 2,783

2007 Work RVU: 1.91 **2013 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2013 NF PE RVU:** 1.85
2007 Fac PE RVU 1.16 **2013 Fac PE RVU:** 1.02
Result: Decrease

RUC Recommendation: 1.53

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

65805 Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 21 **Specialty Developing** AAO
RUC Meeting: April 2012 **Recommendation:**

First
Identified: April 2011

2010 Medicare
Utilization Data: 36,275

2007 Work RVU: 1.91 **2013 Work RVU:**
2007 NF PE RVU: 2.07 **2013 NF PE RVU:**
2007 Fac PE RVU 1.16 **2013 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin) **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** No

Most Recent **Tab** 25 **Specialty Developing** AAO
RUC Meeting: January 2013 **Recommendation:**

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 16.02 **2013 Work RVU:** 16.30
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU 10.62 **2013 Fac PE RVU:** 16.78
Result:

RUC Recommendation: Survey for postponed until April 2013 in order to cacluate post-op visits correctly.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

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66185	Revision of aqueous shunt to extraocular reservoir	Global: 090	Issue: Aqueous Shunt	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: January 2013	Tab 25 Specialty Developing Recommendation: AAO	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 9.35 2007 NF PE RVU: NA 2007 Fac PE RVU Result: 7.37	2013 Work RVU: 9.58 2013 NF PE RVU: NA 2013 Fac PE RVU: 11.89
RUC Recommendation: Survey for postponed until April 2013 in order to cacluate post-op visits correctly.		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	Global: 010	Issue: Iridotomy	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 14 Specialty Developing Recommendation: AAO	First Identified: February 2008	2010 Medicare Utilization Data: 79,902	2007 Work RVU: 4.87 2007 NF PE RVU: 5.49 2007 Fac PE RVU Result: 4.32	2013 Work RVU: 3.00 2013 NF PE RVU: 5.62 2013 Fac PE RVU: 3.76
RUC Recommendation: 3.00		CPT Action (if applicable): February 2010			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	Global: 090	Issue:	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 41 Specialty Developing Recommendation:	First Identified: October 2010	2010 Medicare Utilization Data: 549,620	2007 Work RVU: 3.32 2007 NF PE RVU: 4.05 2007 Fac PE RVU Result: 3.6	2013 Work RVU: 3.42 2013 NF PE RVU: 6.17 2013 Fac PE RVU: 5.60
RUC Recommendation: Reaffirmed RUC recommendation		CPT Action (if applicable):			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage			Global: 090	Issue: Cataract Surgery	Screen: High IWP/UT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting:	Tab 17	Specialty Developing Recommendation:	AAO	First Identified: September 2007	2010 Medicare Utilization Data: 149,455	2007 Work RVU: 14.83 2007 NF PE RVU: NA 2007 Fac PE RVU 9.75 Result: Decrease	2013 Work RVU: 11.08 2013 NF PE RVU: NA 2013 Fac PE RVU: 11.51
RUC Recommendation: 11.08. CPT Assistant article published; Reduce to 2x99213 & 3x99212			CPT Action (if applicable):				
			Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:	Sep 2009	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)			Global: 090	Issue: Cataract Surgery	Screen: High IWP/UT / MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab 17	Specialty Developing Recommendation:	AAO	First Identified: February 2008	2010 Medicare Utilization Data: 1,636,937	2007 Work RVU: 10.36 2007 NF PE RVU: NA 2007 Fac PE RVU 7.24 Result: Decrease	2013 Work RVU: 8.52 2013 NF PE RVU: NA 2013 Fac PE RVU: 9.74
RUC Recommendation: 8.52			CPT Action (if applicable):				
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		
67028	Intravitreal injection of a pharmacologic agent (separate procedure)			Global: 000	Issue: Treatment of Retinal Lesion	Screen: High Volume Growth / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting:	Tab 30	Specialty Developing Recommendation:	AAO	First Identified: February 2008	2010 Medicare Utilization Data: 1,649,893	2007 Work RVU: 2.52 2007 NF PE RVU: 2.59 2007 Fac PE RVU 1.42 Result: Decrease	2013 Work RVU: 1.44 2013 NF PE RVU: 1.44 2013 Fac PE RVU: 1.39
RUC Recommendation: 1.44			CPT Action (if applicable):				
			Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		

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67036 Vitrectomy, mechanical, pars plana approach;

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

**Most Recent
RUC Meeting:** October 2012

Tab 27

**Specialty Developing
Recommendation:**

**First
Identified:** October 2012

**2010 Medicare
Utilization Data:**

2007 Work RVU: 13.09

2013 Work RVU: 13.32

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 8.96

2013 Fac PE RVU: 13.92

Result:

RUC Recommendation: Survey for October 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67038 Deleted from CPT

Global: 090

Issue: Ophthalmological
Procedures

Screen: Site of Service Anomaly

Complete? Yes

**Most Recent
RUC Meeting:** September 2007

Tab 16

**Specialty Developing
Recommendation:** AAO

**First
Identified:** September 2007

**2010 Medicare
Utilization Data:**

2007 Work RVU: 23.30

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 15.16

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

February 2007

Referred to CPT Asst ☐

Published in CPT Asst:

67039 Vitrectomy, mechanical, pars plana approach; with focal endolaser
photocoagulation

Global: 090

Issue: Vitrectomy

Screen: Site of Service Anomaly
(99238-Only) / Harvard-
Valued Annual Allowed
Charges Greater than
\$10 million

Complete? No

**Most Recent
RUC Meeting:** September 2007

Tab 16

**Specialty Developing
Recommendation:** AAO

**First
Identified:** September 2007

**2010 Medicare
Utilization Data:** 1,859

2007 Work RVU: 16.39

2013 Work RVU: 16.74

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 11.94

2013 Fac PE RVU: 18.38

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	Global: 090	Issue: Vitrectomy	Screen: Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: AAO	First Identified: September 2007	2010 Medicare Utilization Data: 11,485	2007 Work RVU: 19.23 2007 NF PE RVU: NA 2007 Fac PE RVU: 13.41 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 19.61 2013 NF PE RVU: NA 2013 Fac PE RVU: 20.72
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	Global: 090	Issue: RAW	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:
RUC Recommendation: Survey for October 2013.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 19.25 2013 NF PE RVU: NA 2013 Fac PE RVU: 18.20 Result:
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	Global: 090	Issue: RAW	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:
RUC Recommendation: Survey for October 2013.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 22.38 2013 NF PE RVU: NA 2013 Fac PE RVU: 20.30 Result:

Status Report: CMS Requests and Relativity Assessment Issues

67043 Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation **Global:** 090 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** No

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation:

First Identified: October 2012

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 23.24

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 21.72

Result:

RUC Recommendation: Survey for October 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67107 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid

Global: 090

Issue: Retinal Detachment

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: AAO

First Identified: September 2007

2010 Medicare Utilization Data: 1,626

2007 Work RVU: 16.35

2013 Work RVU: 16.71

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 11.19

2013 Fac PE RVU: 17.84

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67108 Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique

Global: 090

Issue: Retinal Detachment

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: AAO

First Identified: September 2007

2010 Medicare Utilization Data: 12,244

2007 Work RVU: 22.49

2013 Work RVU: 22.89

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 14.22

2013 Fac PE RVU: 22.57

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	Global: 090	Issue: Retinal Detachment	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: AAO	First Identified: September 2007	2010 Medicare Utilization Data: 3,061	2007 Work RVU: 10.02 2007 NF PE RVU: 9.99 2007 Fac PE RVU: 7.37 Result: PE Only
RUC Recommendation: Remove 99238			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 10.25 2013 NF PE RVU: 14.77 2013 Fac PE RVU: 11.87
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	Global: 090	Issue: Treatment of Retinal Lesion or Choroid	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 13	Specialty Developing Recommendation: AAO	First Identified: February 2008	2010 Medicare Utilization Data: 119,485	2007 Work RVU: 9.35 2007 NF PE RVU: 6.48 2007 Fac PE RVU: 5.84 Result: Decrease
RUC Recommendation: 6.36			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 6.36 2013 NF PE RVU: 8.51 2013 Fac PE RVU: 7.97
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	Global: 090	Issue: Treatment of Retinal Lesion or Choroid	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 13	Specialty Developing Recommendation: AAO	First Identified: February 2008	2010 Medicare Utilization Data: 11,521	2007 Work RVU: 14.19 2007 NF PE RVU: 10.23 2007 Fac PE RVU: 8.9 Result: Decrease
RUC Recommendation: 6.36			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 6.36 2013 NF PE RVU: 9.01 2013 Fac PE RVU: 7.97
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	Global: ZZZ	Issue: Photodynamic Therapy of the Eye	Screen: New Technology	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab P	Specialty Developing Recommendation: AAO	First Identified: September 2007	2010 Medicare Utilization Data: 532	2007 Work RVU: 0.47 2007 NF PE RVU: 0.25 2007 Fac PE RVU: 0.20 Result: Maintain
RUC Recommendation: 0.47			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.47 2013 NF PE RVU: 0.37 2013 Fac PE RVU: 0.31

Status Report: CMS Requests and Relativity Assessment Issues

67228	Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation	Global: 090	Issue: Treatment of Retinal Lesion or Choroid	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40 Specialty Developing Recommendation:	First Identified: February 2008	2010 Medicare Utilization Data: 84,696	2007 Work RVU: 13.67 2007 NF PE RVU: 11.2 2007 Fac PE RVU: 8.43	2013 Work RVU: 13.82 2013 NF PE RVU: 14.58 2013 Fac PE RVU: 12.96
RUC Recommendation: Remove from screen		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result: Remove from Screen	

67914	Repair of ectropion; suture	Global: 090	Issue: RAW	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.70 2007 NF PE RVU: 5.98 2007 Fac PE RVU: 2.99	2013 Work RVU: 3.75 2013 NF PE RVU: 7.54 2013 Fac PE RVU: 4.47
RUC Recommendation: Survey for April 2013.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result:	

67915	Repair of ectropion; thermocauterization	Global: 090	Issue: RAW	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 3.21 2007 NF PE RVU: 5.62 2007 Fac PE RVU: 2.75	2013 Work RVU: 3.26 2013 NF PE RVU: 7.02 2013 Fac PE RVU: 4.15
RUC Recommendation: Survey for April 2013.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result:	

Status Report: CMS Requests and Relativity Assessment Issues

67916 Repair of ectropion; excision tarsal wedge

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

Most Recent
RUC Meeting: October 2012

Tab 27

Specialty Developing
Recommendation:

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 5.37

2013 Work RVU: 5.48

2007 NF PE RVU: 7.68

2013 NF PE RVU: 10.15

2007 Fac PE RVU 4.65

2013 Fac PE RVU: 6.87

Result:

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67917 Repair of ectropion; extensive (eg, tarsal strip operations)

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

Most Recent
RUC Meeting: October 2012

Tab 27

Specialty Developing
Recommendation:

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 6.08

2013 Work RVU: 6.19

2007 NF PE RVU: 8.08

2013 NF PE RVU: 10.77

2007 Fac PE RVU 4.95

2013 Fac PE RVU: 7.36

Result:

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67921 Repair of entropion; suture

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

Most Recent
RUC Meeting: October 2012

Tab 27

Specialty Developing
Recommendation:

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 3.42

2013 Work RVU: 3.47

2007 NF PE RVU: 5.83

2013 NF PE RVU: 7.36

2007 Fac PE RVU 2.84

2013 Fac PE RVU: 4.29

Result:

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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67922 Repair of entropion; thermocauterization

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

Most Recent
RUC Meeting: October 2012

Tab 27

Specialty Developing
Recommendation:

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 3.09

2013 Work RVU: 3.14

2007 NF PE RVU: 5.55

2013 NF PE RVU: 6.90

2007 Fac PE RVU 2.7

2013 Fac PE RVU: 4.07

Result:

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67923 Repair of entropion; excision tarsal wedge

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

Most Recent
RUC Meeting: October 2012

Tab 27

Specialty Developing
Recommendation:

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 5.94

2013 Work RVU: 6.05

2007 NF PE RVU: 7.76

2013 NF PE RVU: 10.39

2007 Fac PE RVU 4.86

2013 Fac PE RVU: 7.27

Result:

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

Global: 090 **Issue:** RAW

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? No

Most Recent
RUC Meeting: October 2012

Tab 27

Specialty Developing
Recommendation:

First
Identified: October 2012

2010 Medicare
Utilization Data:

2007 Work RVU: 5.84

2013 Work RVU: 5.93

2007 NF PE RVU: 8.48

2013 NF PE RVU: 11.09

2007 Fac PE RVU 4.57

2013 Fac PE RVU: 6.86

Result:

RUC Recommendation: Survey for April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

68040 Expression of conjunctival follicles (eg, for trachoma) **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2010 Medicare Utilization Data:** 6,184 **2007 Work RVU:** 0.85 **2013 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2013 NF PE RVU:** 0.99
2007 Fac PE RVU: 0.42 **2013 Fac PE RVU:** 0.62

RUC Recommendation: Refer to CPT **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

68200 Subconjunctival injection **Global:** 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: September 2011 **Tab** 28 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2010 Medicare Utilization Data:** 26,392 **2007 Work RVU:** 0.49 **2013 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2013 NF PE RVU:** 0.69
2007 Fac PE RVU: 0.32 **2013 Fac PE RVU:** 0.50

RUC Recommendation: 0.49 and Review Sept 2013. **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

68810 Probing of nasolacrimal duct, with or without irrigation; **Global:** 010 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** L **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2010 Medicare Utilization Data:** 32,031 **2007 Work RVU:** 2.63 **2013 Work RVU:** 2.15
2007 NF PE RVU: 3.62 **2013 NF PE RVU:** 4.95
2007 Fac PE RVU: 2.7 **2013 Fac PE RVU:** 3.27

RUC Recommendation: 2.09 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 Biopsy external ear **Global:** 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2010 Medicare Utilization Data:** 99,482 **2007 Work RVU:** 0.81 **2013 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2013 NF PE RVU:** 2.13
2007 Fac PE RVU: 0.40 **2013 Fac PE RVU:** 0.53

RUC Recommendation: 0.81 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69200	Removal foreign body from external auditory canal; without general anesthesia	Global: 000	Issue: Removal of Foreign Body	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
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Most Recent RUC Meeting: September 2011

Tab 29

Specialty Developing Recommendation: AAO-HNS

First Identified: April 2011

2010 Medicare Utilization Data: 34,838

2007 Work RVU: 0.77
2007 NF PE RVU: 2.29
2007 Fac PE RVU 0.56
Result: Maintain

2013 Work RVU: 0.77
2013 NF PE RVU: 2.93
2013 Fac PE RVU: 0.88

RUC Recommendation: 0.77

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

69210 Removal impacted cerumen (separate procedure), 1 or both ears

Global: 000

Issue: Removal of Cerumen

Screen: CMS High Expenditure Procedural Codes

Complete? No

Most Recent RUC Meeting: January 2013

Tab 13

Specialty Developing Recommendation: AAFP, AAO-HNS

First Identified: September 2011

2010 Medicare Utilization Data: 1,412,292

2007 Work RVU: 0.61
2007 NF PE RVU: 0.61
2007 Fac PE RVU 0.21
Result:

2013 Work RVU: 0.61
2013 NF PE RVU: 0.88
2013 Fac PE RVU: 0.28

RUC Recommendation: 0.58

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia

Global: 010

Issue: Tympanostomy

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab 30

Specialty Developing Recommendation: AAO-HNS

First Identified: April 2011

2010 Medicare Utilization Data: 42,826

2007 Work RVU: 1.54
2007 NF PE RVU: 3.09
2007 Fac PE RVU 1.60
Result: Maintain

2013 Work RVU: 1.57
2013 NF PE RVU: 4.48
2013 Fac PE RVU: 2.25

RUC Recommendation: 1.57

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 6,140 **2007 Work RVU:** 8.61 **2013 Work RVU:** 2.06
2007 NF PE RVU: NA **2013 NF PE RVU:** 3.65
2007 Fac PE RVU: 9.31 **2013 Fac PE RVU:** 1.42
RUC Recommendation: 2.06 **CPT Action (if applicable):** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☒ **Published in CPT Asst:** May 2011

69802 Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy **Global:** 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2010 Medicare Utilization Data:** 9 **2007 Work RVU:** 13.39 **2013 Work RVU:** **2007 NF PE RVU:** NA **2013 NF PE RVU:** **2007 Fac PE RVU:** 11.91 **2013 Fac PE RVU:** **Result:** Deleted from CPT
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 Cochlear device implantation, with or without mastoidectomy **Global:** 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2010 Medicare Utilization Data:** 1,930 **2007 Work RVU:** 17.60 **2013 Work RVU:** 17.73
2007 NF PE RVU: NA **2013 NF PE RVU:** NA
2007 Fac PE RVU: 14.06 **2013 Fac PE RVU:** 16.80
RUC Recommendation: 17.60 **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording			Global: XXX	Issue: Laryngography	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	October 2012	Tab	Specialty Developing Recommendation: ACR, AAFP	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.84 2007 NF PE RVU: 2.14 2007 Fac PE RVU: NA	2013 Work RVU: 0.84 2013 NF PE RVU: 1.87 2013 Fac PE RVU: NA
RUC Recommendation: Develop CPT Assistant article.				CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst:	
70373	Laryngography, contrast, radiological supervision and interpretation			Global: XXX	Issue: Laryngography	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation: ACR, AAFP	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.44 2007 NF PE RVU: 1.83 2007 Fac PE RVU: NA	2013 Work RVU: 0.44 2013 NF PE RVU: 1.94 2013 Fac PE RVU: NA
RUC Recommendation: Develop CPT Assistant article.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
70450	Computed tomography, head or brain; without contrast material			Global: XXX	Issue: CT Head/Brain	Screen: CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting:	October 2012	Tab 19	Specialty Developing Recommendation: ACR, ASNR	First Identified: April 2011	2010 Medicare Utilization Data: 5,077,781	2007 Work RVU: 0.85 2007 NF PE RVU: 4.91 2007 Fac PE RVU: NA	2013 Work RVU: 0.85 2013 NF PE RVU: 4.05 2013 Fac PE RVU: NA
RUC Recommendation: 0.85				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

70460	Computed tomography, head or brain; with contrast material(s)	Global: XXX	Issue: CT Head/Brain	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 19	Specialty Developing Recommendation: ACR, ASNR	First Identified:	2010 Medicare Utilization Data: 37,988	2007 Work RVU: 1.13 2007 NF PE RVU: 6.06 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.13			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 1.13 2013 NF PE RVU: 5.31 2013 Fac PE RVU: NA
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Global: XXX	Issue: CT Head/Brain	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 19	Specialty Developing Recommendation: ACR, ASNR	First Identified: October 2009	2010 Medicare Utilization Data: 217,163	2007 Work RVU: 1.27 2007 NF PE RVU: 7.49 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 1.27 2013 NF PE RVU: 5.21 2013 Fac PE RVU: NA
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: CT Angiography	Screen: High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2008	2010 Medicare Utilization Data: 127,977	2007 Work RVU: 1.75 2007 NF PE RVU: 12.43 2007 Fac PE RVU: NA Result: Remove from Screen
RUC Recommendation: Remove from Screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 1.75 2013 NF PE RVU: 13.19 2013 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: CT Angiography	Screen: High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2008	2010 Medicare Utilization Data: 158,990	2007 Work RVU: 1.75 2013 Work RVU: 1.75 2007 NF PE RVU: 12.45 2013 NF PE RVU: 13.69 2007 Fac PE RVU: NA 2013 Fac PE RVU: NA Result: Remove from Screen
RUC Recommendation: Remove from Screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Global: XXX	Issue: MRI-Brain	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 26	Specialty Developing Recommendation: ACR, ASNR	First Identified: September 2011	2010 Medicare Utilization Data: 806,882	2007 Work RVU: 1.48 2013 Work RVU: 1.48 2007 NF PE RVU: 12.2 2013 NF PE RVU: 11.36 2007 Fac PE RVU: NA 2013 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.48			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Global: XXX	Issue: MRI-Brain	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 26	Specialty Developing Recommendation: ACR, ASNR	First Identified: September 2011	2010 Medicare Utilization Data:	2007 Work RVU: 1.78 2013 Work RVU: 1.78 2007 NF PE RVU: 14.22 2013 NF PE RVU: 12.56 2007 Fac PE RVU: NA 2013 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.78			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

70553 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 26

Specialty Developing Recommendation: ACR, ASNR

First Identified: April 2011

2010 Medicare Utilization Data: 956,496

2007 Work RVU: 2.36

2013 Work RVU: 2.36

2007 NF PE RVU: 23.53

2013 NF PE RVU: 14.41

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 2.36

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

71010 Radiologic examination, chest; single view, frontal

Global: XXX

Issue:

Screen: Low Value-High Volume

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 41

Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 18,956,128

2007 Work RVU: 0.18

2013 Work RVU: 0.18

2007 NF PE RVU: 0.5

2013 NF PE RVU: 0.50

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.18

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

71020 Radiologic examination, chest, 2 views, frontal and lateral;

Global: XXX

Issue:

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 41

Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 13,329,285

2007 Work RVU: 0.22

2013 Work RVU: 0.22

2007 NF PE RVU: 0.66

2013 NF PE RVU: 0.67

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation **Global:** XXX **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing Recommendation:** ACC
RUC Meeting: April 2011

First Identified: February 2010 **2010 Medicare Utilization Data:** 231,390

2007 Work RVU: 0.00 **2013 Work RVU:**
2007 NF PE RVU: NA **2013 NF PE RVU:**
2007 Fac PE RVU: NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71250 Computed tomography, thorax; without contrast material

Global: XXX **Issue:** CT Thorax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 21 **Specialty Developing Recommendation:** ACR
RUC Meeting: October 2009

First Identified: October 2008 **2010 Medicare Utilization Data:** 1,371,357

2007 Work RVU: 1.16 **2013 Work RVU:** 1.02
2007 NF PE RVU: 6.24 **2013 NF PE RVU:** 5.22
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.16

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / MPC List **Complete?** No

Most Recent **Tab** 51 **Specialty Developing Recommendation:** ACR
RUC Meeting: September 2011

First Identified: October 2008 **2010 Medicare Utilization Data:** 592,398

2007 Work RVU: 1.92 **2013 Work RVU:** 1.92
2007 NF PE RVU: 12.53 **2013 NF PE RVU:** 10.09
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result:

RUC Recommendation: Review September 2013. CPT Assistant article published.

CPT Action (if applicable):
Referred to CPT Asst ☒ **Published in CPT Asst:** Jun 2009

Status Report: CMS Requests and Relativity Assessment Issues

72040 Radiologic examination, spine, cervical; 3 views or less Global: XXX Issue: X-ray of Cervical Spine Screen: Low Value-High Volume Complete? Yes

Most Recent Tab 09 Specialty Developing ACR, ASNR First 2010 Medicare 2007 Work RVU: 0.22 2013 Work RVU: 0.22
RUC Meeting: January 2012 Recommendation: Identified: October 2010 Utilization Data: 571,186 2007 NF PE RVU: 0.69 2013 NF PE RVU: 1.05
2007 Fac PE RVU NA 2013 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.22 CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

72050 Radiologic examination, spine, cervical; 4 or 5 views Global: XXX Issue: Screen: Low Value-High Volume Complete? Yes

Most Recent Tab 09 Specialty Developing ACR, ASNR First 2010 Medicare 2007 Work RVU: 0.31 2013 Work RVU: 0.31
RUC Meeting: January 2012 Recommendation: Identified: Utilization Data: 454,961 2007 NF PE RVU: 1 2013 NF PE RVU: 1.31
2007 Fac PE RVU NA 2013 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.31 CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

72052 Radiologic examination, spine, cervical; 6 or more views Global: XXX Issue: Screen: Low Value-High Volume Complete? Yes

Most Recent Tab 09 Specialty Developing ACR, ASNR First 2010 Medicare 2007 Work RVU: 0.36 2013 Work RVU: 0.36
RUC Meeting: January 2012 Recommendation: Identified: Utilization Data: 96,026 2007 NF PE RVU: 1.27 2013 NF PE RVU: 1.73
2007 Fac PE RVU NA 2013 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.36 CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

72100 Radiologic examination, spine, lumbosacral; 2 or 3 views Global: XXX Issue: Radiologic Examination - Spine Screen: Harvard Valued - Utilization over 100,000 / Low Value-High Volume Complete? Yes

Most Recent Tab 09 Specialty Developing ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS First 2010 Medicare 2007 Work RVU: 0.22 2013 Work RVU: 0.22
RUC Meeting: February 2011 Recommendation: Identified: February 2010 Utilization Data: 1,824,867 2007 NF PE RVU: 0.75 2013 NF PE RVU: 0.84
2007 Fac PE RVU NA 2013 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.22 CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	Global: XXX	Issue: Radiologic Examination – Spine	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 09	Specialty Developing Recommendation: ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS	First Identified: October 2009	2010 Medicare Utilization Data: 912,604	2007 Work RVU: 0.31 2007 NF PE RVU: 1.03 2007 Fac PE RVU: NA 2013 Work RVU: 0.31 2013 NF PE RVU: 1.14 2013 Fac PE RVU: NA
RUC Recommendation: 0.31			CPT Action (if applicable): October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Global: XXX	Issue: Radiologic Examination – Spine	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 09	Specialty Developing Recommendation: ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS	First Identified: February 2010	2010 Medicare Utilization Data: 98,452	2007 Work RVU: 0.36 2007 NF PE RVU: 1.36 2007 Fac PE RVU: NA 2013 Work RVU: 0.32 2013 NF PE RVU: 1.58 2013 Fac PE RVU: NA
RUC Recommendation: 0.32			CPT Action (if applicable): October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Global: XXX	Issue: Radiologic Examination – Spine	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 09	Specialty Developing Recommendation: ACR, ASNR, AUR, NASS, AAFP, AAMP&R, ACRh, AAOS	First Identified: February 2010	2010 Medicare Utilization Data: 24,366	2007 Work RVU: 0.22 2007 NF PE RVU: 0.98 2007 Fac PE RVU: NA 2013 Work RVU: 0.22 2013 NF PE RVU: 1.04 2013 Fac PE RVU: NA
RUC Recommendation: 0.22			CPT Action (if applicable): October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72125	Computed tomography, cervical spine; without contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 22 Specialty Developing Recommendation: ACR, ASNR	First Identified: October 2008	2010 Medicare Utilization Data: 662,933	2007 Work RVU: 1.16 2007 NF PE RVU: 6.24 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.07 2013 NF PE RVU: 5.31 2013 Fac PE RVU: NA
RUC Recommendation: 1.16	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

72126	Computed tomography, cervical spine; with contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40 Specialty Developing Recommendation: ACR	First Identified: February 2009	2010 Medicare Utilization Data: 19,201	2007 Work RVU: 1.22 2007 NF PE RVU: 7.49 2007 Fac PE RVU NA Result: Remove from Screen	2013 Work RVU: 1.22 2013 NF PE RVU: 6.58 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40 Specialty Developing Recommendation: ACR	First Identified: February 2009	2010 Medicare Utilization Data: 1,908	2007 Work RVU: 1.27 2007 NF PE RVU: 9.3 2007 Fac PE RVU NA Result: Remove from Screen	2013 Work RVU: 1.27 2013 NF PE RVU: 8.06 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

72128	Computed tomography, thoracic spine; without contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 22 Specialty Developing Recommendation: ACR, ASNR	First Identified: October 2008	2010 Medicare Utilization Data: 94,885	2007 Work RVU: 1.16 2007 NF PE RVU: 6.24 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.00 2013 NF PE RVU: 5.26 2013 Fac PE RVU: NA
RUC Recommendation: 1.16	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

72129 Computed tomography, thoracic spine; with contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 40 **Specialty Developing** ACR **First** **2010 Medicare** **2007 Work RVU:** 1.22 **2013 Work RVU:** 1.22
RUC Meeting: October 2009 **Recommendation:** **Identified:** February 2009 **Utilization Data:** 11,365 **2007 NF PE RVU:** 7.49 **2013 NF PE RVU:** 6.61
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72130 Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 40 **Specialty Developing** ACR **First** **2010 Medicare** **2007 Work RVU:** 1.27 **2013 Work RVU:** 1.27
RUC Meeting: October 2009 **Recommendation:** **Identified:** February 2009 **Utilization Data:** 1,107 **2007 NF PE RVU:** 9.29 **2013 NF PE RVU:** 8.12
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 Computed tomography, lumbar spine; without contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 22 **Specialty Developing** ACR, ASNR **First** **2010 Medicare** **2007 Work RVU:** 1.16 **2013 Work RVU:** 1.00
RUC Meeting: October 2009 **Recommendation:** **Identified:** February 2009 **Utilization Data:** 323,319 **2007 NF PE RVU:** 6.24 **2013 NF PE RVU:** 5.23
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.16 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72132 Computed tomography, lumbar spine; with contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 40 **Specialty Developing** ACR **First** **2010 Medicare** **2007 Work RVU:** 1.22 **2013 Work RVU:** 1.22
RUC Meeting: October 2009 **Recommendation:** **Identified:** February 2009 **Utilization Data:** 54,055 **2007 NF PE RVU:** 7.49 **2013 NF PE RVU:** 6.59
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72133 Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 40 **Specialty Developing** ACR
RUC Meeting: October 2009 **Recommendation:**

First Identified: February 2009 **2010 Medicare Utilization Data:** 4,156

2007 Work RVU: 1.27 **2013 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2013 NF PE RVU:** 8.07
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material

Global: XXX **Issue:** RAW review

Screen: CMS High Expenditure Procedural Codes **Complete?** No

Most Recent **Tab** 30 **Specialty Developing**
RUC Meeting: January 2012 **Recommendation:**

First Identified: September 2011 **2010 Medicare Utilization Data:** 486,590

2007 Work RVU: 1.60 **2013 Work RVU:** 1.60
2007 NF PE RVU: 11.76 **2013 NF PE RVU:** 9.74
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material

Global: XXX **Issue:** RAW review

Screen: CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes **Complete?** No

Most Recent **Tab** 30 **Specialty Developing** AAOS, AUR, ACR, NASS, ASNR
RUC Meeting: January 2012 **Recommendation:**

First Identified: April 2011 **2010 Medicare Utilization Data:** 1,127,051

2007 Work RVU: 1.48 **2013 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2013 NF PE RVU:** 9.71
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result:

RUC Recommendation: Survey for work and PE for April 2013 RUC meeting.

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72170 Radiologic examination, pelvis; 1 or 2 views

Global: XXX

Issue: Radiologic Exam-Hip/Pelvis

Screen: Low Value-High Volume / Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting: April 2011

Tab 25

Specialty Developing Recommendation: ACR, AAOS

First Identified: October 2010

2010 Medicare Utilization Data: 1,721,410

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.56

2013 NF PE RVU: 0.67

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Refer to CPT to bundle 73700 and 72170.

CPT Action (if applicable): February 2015

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Global: XXX

Issue: CT Angiography

Screen: High Volume Growth / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation: ACR

First Identified: February 2008

2010 Medicare Utilization Data: 113,124

2007 Work RVU: 1.81

2013 Work RVU: 1.81

2007 NF PE RVU: 12.15

2013 NF PE RVU: 10.11

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Re-review rationale and recommend changes to the times based on the new pre-service packages. 1.81 and PE inputs

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72192	Computed tomography, pelvis; without contrast material			Global: XXX	Issue: CT Pelvis	Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 26	Specialty Developing Recommendation:	ACR	First Identified: October 2008	2010 Medicare Utilization Data: 1,925,530	2007 Work RVU: 1.09 2007 NF PE RVU: 6.12 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.09 2013 NF PE RVU: 4.07 2013 Fac PE RVU: NA
RUC Recommendation: 1.09				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

72193	Computed tomography, pelvis; with contrast material(s)			Global: XXX	Issue: CT Pelvis	Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 26	Specialty Developing Recommendation:	ACR	First Identified: October 2008	2010 Medicare Utilization Data: 2,369,940	2007 Work RVU: 1.16 2007 NF PE RVU: 7.2 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.16 2013 NF PE RVU: 6.68 2013 Fac PE RVU: NA
RUC Recommendation: 1.16				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections			Global: XXX	Issue: CT Pelvis	Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - NPRM for 2012	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation:		First Identified: February 2008	2010 Medicare Utilization Data: 442,330	2007 Work RVU: 1.22 2007 NF PE RVU: 9.06 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.22 2013 NF PE RVU: 7.76 2013 Fac PE RVU: NA
RUC Recommendation: 1.22				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

72240 Myelography, cervical, radiological supervision and interpretation

Global: XXX

Issue: Myelography with Injection

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.91 2007 NF PE RVU: 4.37 2007 Fac PE RVU: NA	2013 Work RVU: 0.91 2013 NF PE RVU: 2.92 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		CPT 2015 cycle Published in CPT Asst:	Result:	

72265 Myelography, lumbosacral, radiological supervision and interpretation

Global: XXX

Issue: Myelography with Injection

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.83 2007 NF PE RVU: 3.83 2007 Fac PE RVU: NA	2013 Work RVU: 0.83 2013 NF PE RVU: 2.93 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		CPT 2015 cycle Published in CPT Asst:	Result:	

72270 Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation

Global: XXX

Issue: Myelography with Injection

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 1.33 2007 NF PE RVU: 5.81 2007 Fac PE RVU: NA	2013 Work RVU: 1.33 2013 NF PE RVU: 4.53 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		CPT 2015 cycle Published in CPT Asst:	Result:	

Status Report: CMS Requests and Relativity Assessment Issues

72275	Epidurography, radiological supervision and interpretation	Global: XXX	Issue: Epidurography	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 31	Specialty Developing Recommendation: ASA, AAPM, AAMPR, NASS	First Identified: October 2009	2010 Medicare Utilization Data: 87,042	2007 Work RVU: 0.76 2007 NF PE RVU: 2.15 2007 Fac PE RVU: NA 2013 Work RVU: 0.76 2013 NF PE RVU: 2.79 2013 Fac PE RVU: NA
RUC Recommendation: 0.76, CPT Assistant article published.			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Oct 2009 and Q&A	Result: Maintain

72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance	Global: XXX	Issue: Percutaneous Vertebroplasty with Radiological S&I	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:

72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance	Global: XXX	Issue: Percutaneous Vertebroplasty with Radiological S&I	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:

Status Report: CMS Requests and Relativity Assessment Issues

73030 Radiologic examination, shoulder; complete, minimum of 2 views **Global:** XXX **Issue:** X-Ray Exam of Shoulder **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 26 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,172,106 **2007 Work RVU:** 0.18 **2013 Work RVU:** 0.18 **2007 NF PE RVU:** 0.61 **2013 NF PE RVU:** 0.72 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.18 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

73080 Radiologic examination, elbow; complete, minimum of 3 views **Global:** XXX **Issue:** Radiologic Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 39 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 292,588 **2007 Work RVU:** 0.17 **2013 Work RVU:** 0.17 **2007 NF PE RVU:** 0.66 **2013 NF PE RVU:** 0.83 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

73110 Radiologic examination, wrist; complete, minimum of 3 views **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 876,970 **2007 Work RVU:** 0.17 **2013 Work RVU:** 0.17 **2007 NF PE RVU:** 0.63 **2013 NF PE RVU:** 0.96 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

73130 Radiologic examination, hand; minimum of 3 views **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 916,888 **2007 Work RVU:** 0.17 **2013 Work RVU:** 0.17 **2007 NF PE RVU:** 0.6 **2013 NF PE RVU:** 0.80 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73200	Computed tomography, upper extremity; without contrast material			Global: XXX	Issue: CT Upper Extremity	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	October 2009	Tab 23	Specialty Developing Recommendation:	ACR	First Identified: October 2008	2010 Medicare Utilization Data: 69,732	2007 Work RVU: 1.09 2007 NF PE RVU: 5.5 2007 Fac PE RVU: NA 2013 Work RVU: 1.00 2013 NF PE RVU: 5.20 2013 Fac PE RVU: NA
RUC Recommendation: 1.09			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
73201	Computed tomography, upper extremity; with contrast material(s)			Global: XXX	Issue: CT Upper Extremity	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	October 2009	Tab 40	Specialty Developing Recommendation:	ACR	First Identified: February 2009	2010 Medicare Utilization Data: 9,665	2007 Work RVU: 1.16 2007 NF PE RVU: 6.58 2007 Fac PE RVU: NA 2013 Work RVU: 1.16 2013 NF PE RVU: 6.46 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections			Global: XXX	Issue: CT Upper Extremity	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	October 2009	Tab 40	Specialty Developing Recommendation:	ACR	First Identified: February 2009	2010 Medicare Utilization Data: 1,638	2007 Work RVU: 1.22 2007 NF PE RVU: 8.38 2007 Fac PE RVU: NA 2013 Work RVU: 1.22 2013 NF PE RVU: 8.50 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)			Global: XXX	Issue: MRI	Screen: CMS Fastest Growing	Complete? No
Most Recent RUC Meeting:	September 2011	Tab 51	Specialty Developing Recommendation:	ACR	First Identified: October 2008	2010 Medicare Utilization Data: 29,137	2007 Work RVU: 1.35 2007 NF PE RVU: 12.24 2007 Fac PE RVU: NA 2013 Work RVU: 1.35 2013 NF PE RVU: 11.12 2013 Fac PE RVU: NA
RUC Recommendation: Review September 2013. CPT Assistant published.			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: Feb 2011		

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73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab 20

Specialty Developing Recommendation: ACR

First Identified: October 2008

2010 Medicare Utilization Data: 411,261

2007 Work RVU: 1.35

2013 Work RVU: 1.35

2007 NF PE RVU: 11.98

2013 NF PE RVU: 6.87

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.35

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

73500 Radiologic examination, hip, unilateral; 1 view

Global: XXX

Issue: Radiologic Exam-Hip/Pelvis

Screen: CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation: AAOS, ACR

First Identified: April 2011

2010 Medicare Utilization Data: 504,197

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.52

2013 NF PE RVU: 0.63

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result:

RUC Recommendation: Refer to CPT to bundle

CPT Action (if applicable):

February 2015

Referred to CPT Asst ☐

Published in CPT Asst:

73510 Radiologic examination, hip, unilateral; complete, minimum of 2 views

Global: XXX

Issue: Radiologic Examination

Screen: Top 9 Harvard / Low Value-High Volume

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab 24

Specialty Developing Recommendation: ACR, AAOS, APMA, AOFAS

First Identified: October 2008

2010 Medicare Utilization Data: 2,445,177

2007 Work RVU: 0.21

2013 Work RVU: 0.21

2007 NF PE RVU: 0.67

2013 NF PE RVU: 0.95

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.21

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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73542 Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 25,145 **2007 Work RVU:** 0.59 **2013 Work RVU:** **2007 NF PE RVU:** 1.98 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Deleted from CPT

73550 Radiologic examination, femur, 2 views **Global:** XXX **Issue:** RAW review **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 531,186 **2007 Work RVU:** 0.17 **2013 Work RVU:** 0.17 **2007 NF PE RVU:** 0.61 **2013 NF PE RVU:** 0.66 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **CPT Action (if applicable):** February 2015 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

73560 Radiologic examination, knee; 1 or 2 views **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 2,120,952 **2007 Work RVU:** 0.17 **2013 Work RVU:** 0.17 **2007 NF PE RVU:** 0.58 **2013 NF PE RVU:** 0.74 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73562 Radiologic examination, knee; 3 views **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,813,102 **2007 Work RVU:** 0.18 **2013 Work RVU:** 0.18 **2007 NF PE RVU:** 0.65 **2013 NF PE RVU:** 0.93 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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73564 Radiologic examination, knee; complete, 4 or more views

Global: XXX

Issue:

Screen: Low Value-High Volume

Complete? Yes

Most Recent
RUC Meeting: February 2011

Tab 41

Specialty Developing
Recommendation:

First
Identified: October 2010

2010 Medicare
Utilization Data: 1,064,370

2007 Work RVU: 0.22

2013 Work RVU: 0.22

2007 NF PE RVU: 0.73

2013 NF PE RVU: 1.08

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

73580 Radiologic examination, knee, arthrography, radiological supervision and interpretation

Global: XXX

Issue: Contrast X-Ray of Knee Joint

Screen: High Volume Growth / CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab 40

Specialty Developing AAOS
Recommendation:

First
Identified: February 2008

2010 Medicare
Utilization Data: 17,989

2007 Work RVU: 0.54

2013 Work RVU: 0.54

2007 NF PE RVU: 2.67

2013 NF PE RVU: 3.37

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: CPT Assistant Article published June 2012.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Jun 2012

73610 Radiologic examination, ankle; complete, minimum of 3 views

Global: XXX

Issue: Radiologic Examination

Screen: Top 9 Harvard / Low Value-High Volume

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab 24

Specialty Developing ACR, AAOS, APMA, AOFAS
Recommendation:

First
Identified: October 2008

2010 Medicare
Utilization Data: 1,155,261

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.61

2013 NF PE RVU: 0.83

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.17

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

73620 Radiologic examination, foot; 2 views

Global: XXX

Issue: X-Ray Exam of Foot

Screen: Low Value-High Volume

Complete? Yes

Most Recent
RUC Meeting: April 2011

Tab 27

Specialty Developing ACR, AAOS, APMA
Recommendation:

First
Identified: October 2010

2010 Medicare
Utilization Data: 838,983

2007 Work RVU: 0.16

2013 Work RVU: 0.16

2007 NF PE RVU: 0.54

2013 NF PE RVU: 0.66

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.16

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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73630	Radiologic examination, foot; complete, minimum of 3 views	Global: XXX	Issue: Radiologic Examination	Screen: Top 9 Harvard / Low Value-High Volume	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 24 Specialty Developing Recommendation: ACR, AAOS, APMA, AOFAS	First Identified: October 2008	2010 Medicare Utilization Data: 2,164,170	2007 Work RVU: 0.17 2007 NF PE RVU: 0.6 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.17 2013 NF PE RVU: 0.77 2013 Fac PE RVU: NA
RUC Recommendation: 0.17	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
73700	Computed tomography, lower extremity; without contrast material	Global: XXX	Issue: CT Lower Extremity	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 25 Specialty Developing Recommendation: ACR	First Identified: October 2008	2010 Medicare Utilization Data: 183,803	2007 Work RVU: 1.09 2007 NF PE RVU: 5.5 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 1.00 2013 NF PE RVU: 5.22 2013 Fac PE RVU: NA
RUC Recommendation: 1.09	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
73701	Computed tomography, lower extremity; with contrast material(s)	Global: XXX	Issue: CT Lower Extremity	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40 Specialty Developing Recommendation: ACR	First Identified: February 2009	2010 Medicare Utilization Data: 37,207	2007 Work RVU: 1.16 2007 NF PE RVU: 6.6 2007 Fac PE RVU: NA Result: Remove from Screen	2013 Work RVU: 1.16 2013 NF PE RVU: 6.58 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Global: XXX	Issue: CT Lower Extremity	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 40 Specialty Developing Recommendation: ACR	First Identified: February 2009	2010 Medicare Utilization Data: 4,147	2007 Work RVU: 1.22 2007 NF PE RVU: 8.4 2007 Fac PE RVU: NA Result: Remove from Screen	2013 Work RVU: 1.22 2013 NF PE RVU: 8.47 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

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73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth **Complete?** Yes

Most Recent **Tab** 40 **Specialty Developing** ACR
RUC Meeting: October 2009 **Recommendation:**

First **2010 Medicare**
Identified: February 2008 **Utilization Data:** 16,643

2007 Work RVU: 1.90 **2013 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2013 NF PE RVU:** 10.13
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** ACR
RUC Meeting: January 2012 **Recommendation:**

First **2010 Medicare**
Identified: October 2010 **Utilization Data:** 599,170

2007 Work RVU: 1.35 **2013 Work RVU:** 1.35
2007 NF PE RVU: 12.05 **2013 NF PE RVU:** 6.87
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.35

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 Radiologic examination, abdomen; single anteroposterior view **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent **Tab** 41 **Specialty Developing**
RUC Meeting: February 2011 **Recommendation:**

First **2010 Medicare**
Identified: October 2010 **Utilization Data:** 1,941,697

2007 Work RVU: 0.18 **2013 Work RVU:** 0.18
2007 NF PE RVU: 0.55 **2013 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

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74150	Computed tomography, abdomen; without contrast material	Global: XXX	Issue: CT Abdomen	Screen: Codes Reported Together 95% or More / CMS Request - NPRM for 2012	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation: ACR	First Identified: February 2008	2010 Medicare Utilization Data: 1,936,054	2007 Work RVU: 1.19 2007 NF PE RVU: 5.97 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 1.19 2013 NF PE RVU: 4.06 2013 Fac PE RVU: NA
RUC Recommendation: 0.35			CPT Action (if applicable): October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
74160	Computed tomography, abdomen; with contrast material(s)	Global: XXX	Issue: CT Abdomen	Screen: Codes Reported Together 95% or More / MPC List / CMS Request - NPRM for 2012	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation: ACR	First Identified: February 2008	2010 Medicare Utilization Data: 2,236,657	2007 Work RVU: 1.27 2007 NF PE RVU: 7.53 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 1.27 2013 NF PE RVU: 6.70 2013 Fac PE RVU: NA
RUC Recommendation: 0.42			CPT Action (if applicable): October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Global: XXX	Issue: CT Abdomen	Screen: Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - NPRM for 2012	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 34	Specialty Developing Recommendation: ACR	First Identified: February 2008	2010 Medicare Utilization Data: 859,320	2007 Work RVU: 1.40 2007 NF PE RVU: 9.6 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 1.40 2013 NF PE RVU: 7.83 2013 Fac PE RVU: NA
RUC Recommendation: 1.40			CPT Action (if applicable): October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: CT Angiography-Abdomen and Pelvis	Screen: Codes Reported Together 75% or More-Part1 / CMS Request Final Rule for 2013	Complete? No
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation: ACR	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 2.20 2013 NF PE RVU: 12.65 2013 Fac PE RVU: NA
RUC Recommendation: Re-review rationale and recommend changes to the times based on the new pre-service packages. 2.20		CPT Action (if applicable):	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: CT Angiography	Screen: CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule for 2013	Complete? No
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation: ACR	First Identified: October 2008	2010 Medicare Utilization Data: 168,170	2007 Work RVU: 1.90 2007 NF PE RVU: 12.39 2007 Fac PE RVU Result: NA	2013 Work RVU: 1.90 2013 NF PE RVU: 10.15 2013 Fac PE RVU: NA
RUC Recommendation: Re-review rationale and recommend changes to the times based on the new pre-service packages. 1.90 and PE inputs		CPT Action (if applicable): October 2010	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
74176	Computed tomography, abdomen and pelvis; without contrast material	Global: XXX	Issue: CT Abdomen/CT Pelvis	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 16 Specialty Developing Recommendation: ACR	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 1.74 2013 NF PE RVU: 5.03 2013 Fac PE RVU: NA
RUC Recommendation: 1.74		CPT Action (if applicable): October 2009	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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74177 Computed tomography, abdomen and pelvis; with contrast material(s) **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** ACR **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 1.82
RUC Meeting: February 2010 **Recommendation:** **Identified:** **Utilization Data:** **2007 NF PE RVU:** **2013 NF PE RVU:** 8.10
2007 Fac PE RVU **2013 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 1.82 **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** ACR **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 2.01
RUC Meeting: February 2010 **Recommendation:** **Identified:** **Utilization Data:** **2007 NF PE RVU:** **2013 NF PE RVU:** 9.66
2007 Fac PE RVU **2013 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 2.01 **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

74247 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing** ACR **First** **2010 Medicare** **2007 Work RVU:** 0.69 **2013 Work RVU:** 0.69
RUC Meeting: September 2011 **Recommendation:** **Identified:** April 2011 **Utilization Data:** 33,487 **2007 NF PE RVU:** 2.18 **2013 NF PE RVU:** 3.61
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.69 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011

2010 Medicare Utilization Data: 30,104

2007 Work RVU: 0.99 **2013 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2013 NF PE RVU:** 5.65
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.99

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

74305 Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation

Global: XXX

Issue: Introduction of Liver X-ray with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00 **2013 Work RVU:** 0.00
2007 NF PE RVU: NA **2013 NF PE RVU:** 0.00
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result:

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation

Global: XXX

Issue: Introduction of Liver X-ray with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.54 **2013 Work RVU:** 0.54
2007 NF PE RVU: 3 **2013 NF PE RVU:** 2.39
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result:

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable): CPT 2016 cycle
Referred to CPT Asst ☐ **Published in CPT Asst:**

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74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2010 Medicare Utilization Data:** 29,266 **2007 Work RVU:** 0.49 **2013 Work RVU:** 0.49 **2007 NF PE RVU:** 2 **2013 NF PE RVU:** 2.91 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 0.49

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

74425 Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00 **2007 NF PE RVU:** NA **2013 NF PE RVU:** 0.00 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable):

Referred to CPT Asst ☐

CPT 2016 cycle

Published in CPT Asst:

Result:

74475 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.54 **2013 Work RVU:** 0.54 **2007 NF PE RVU:** 3.69 **2013 NF PE RVU:** 2.36 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable):

Referred to CPT Asst ☐

CPT 2016 cycle

Published in CPT Asst:

Result:

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74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	Global: XXX	Issue: Introduction of Catheter or Stent - Renal	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.54 2007 NF PE RVU: 3.69 2007 Fac PE RVU NA 2013 Work RVU: 0.54 2013 NF PE RVU: 2.36 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2016 cycle Published in CPT Asst:	Result:
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: CT Angiography	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 10	Specialty Developing Recommendation: ACR	First Identified: February 2008	2010 Medicare Utilization Data: 86,448	2007 Work RVU: 2.40 2007 NF PE RVU: 15.56 2007 Fac PE RVU NA 2013 Work RVU: 2.40 2013 NF PE RVU: 10.92 2013 Fac PE RVU: NA
RUC Recommendation: Remove from Screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	Global: XXX	Issue: Carotid Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 32,018	2007 Work RVU: 1.49 2007 NF PE RVU: 10.66 2007 Fac PE RVU NA 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	Global: XXX	Issue: Carotid Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 33,250	2007 Work RVU: 1.66 2007 NF PE RVU: 11.08 2007 Fac PE RVU: NA 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012	Published in CPT Asst:	Result: Deleted from CPT
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	Global: XXX	Issue: Carotid Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 36,443	2007 Work RVU: 1.66 2007 NF PE RVU: 10.96 2007 Fac PE RVU: NA 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012	Published in CPT Asst:	Result: Deleted from CPT
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation	Global: XXX	Issue: Renal Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: ACC, ACR, ASNR, AUR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 9,347	2007 Work RVU: 1.14 2007 NF PE RVU: 10.7 2007 Fac PE RVU: NA 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011	Published in CPT Asst:	Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75724 Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 33,533

2007 Work RVU: 1.49

2013 Work RVU:

2007 NF PE RVU: 11.15

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

75790 Deleted from CPT

Global: XXX

Issue: Arteriovenous Shunt Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 9

Specialty Developing Recommendation:

SVS, SIR, ACR

First Identified: February 2008

2010 Medicare Utilization Data:

2007 Work RVU: 1.84

2013 Work RVU:

2007 NF PE RVU: 2.2

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

75791 Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation

Global: XXX

Issue: Arteriovenous Shunt Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 9

Specialty Developing Recommendation:

SVS, SIR, ACR

First Identified:

2010 Medicare Utilization Data: 26,526

2007 Work RVU:

2013 Work RVU: 1.71

2007 NF PE RVU:

2013 NF PE RVU: 8.25

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.71

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation

Global: XXX

Issue: Interventional Radiology Procedures

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 21

Specialty Developing Recommendation: ACR, SIR

First Identified: NA

2010 Medicare Utilization Data: 320

2007 Work RVU: 1.44

2013 Work RVU: 1.44

2007 NF PE RVU: 10.54

2013 NF PE RVU: 3.54

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

75887 Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation

Global: XXX

Issue: Interventional Radiology Procedures

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 21

Specialty Developing Recommendation: ACR, SIR

First Identified: NA

2010 Medicare Utilization Data: 310

2007 Work RVU: 1.44

2013 Work RVU: 1.44

2007 NF PE RVU: 10.6

2013 NF PE RVU: 3.54

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation

Global: XXX

Issue: Transcatheter Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? No

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 33,134

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: NA

2013 NF PE RVU: 0.00

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result:

RUC Recommendation: Refer to CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2012

Published in CPT Asst:

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75896	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation	Global: XXX	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? No
Most Recent RUC Meeting: October 2012	Tab 07 Specialty Developing Recommendation:	First Identified: February 2010	2010 Medicare Utilization Data: 18,190	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA Result: Carrier Price	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation: Carrier Price. Refer to CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:		
<hr/>					
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	Global: XXX	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? No
Most Recent RUC Meeting: October 2012	Tab 07 Specialty Developing Recommendation:	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA Result: Carrier Price	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation: Carrier Price. Refer to CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2013 Published in CPT Asst:		
<hr/>					
75940	Percutaneous placement of IVC filter, radiological supervision and interpretation	Global: XXX	Issue: Major Vein Revision	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 61,120	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011 Published in CPT Asst:		

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75960 Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified:

2010 Medicare Utilization Data: 142,149

2007 Work RVU: 0.00

2013 Work RVU: 0.82

2007 NF PE RVU: NA

2013 NF PE RVU: 2.86

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2013

Referred to CPT Asst ☐

Published in CPT Asst:

75961 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation

Global: XXX

Issue: Transcatheter Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 4,343

2007 Work RVU: 4.24

2013 Work RVU:

2007 NF PE RVU: 9.99

2013 NF PE RVU:

2007 Fac PE RVU: NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): June 2011

Referred to CPT Asst ☐

Published in CPT Asst:

75962 Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation

Global: XXX

Issue: RAW

Screen: High Volume Growth

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified:

2010 Medicare Utilization Data: 133,823

2007 Work RVU: 0.54

2013 Work RVU: 0.54

2007 NF PE RVU: 12.8

2013 NF PE RVU: 3.93

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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75964 Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified:

2010 Medicare Utilization Data: 43,837

2007 Work RVU: 0.36

2013 Work RVU: 0.36

2007 NF PE RVU: 6.96

2013 NF PE RVU: 2.51

2007 Fac PE RVU 6.96

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

75980 Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation

Global: XXX

Issue: Introduction of Liver X-ray with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: ACR, SIR

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: NA

2013 NF PE RVU: 0.00

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result:

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

75982 Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation

Global: XXX

Issue: Introduction of Liver X-ray with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation: ACR, SIR

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 0

2013 NF PE RVU: 0.00

2007 Fac PE RVU 0

2013 Fac PE RVU: NA

Result:

RUC Recommendation: Refer to CPT to bundle.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	Global: XXX	Issue: Introduction of Catheter or Stent - Renal	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.72 2007 NF PE RVU: 2.18 2007 Fac PE RVU NA 2013 Work RVU: 0.72 2013 NF PE RVU: 2.59 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: CPT 2016 cycle	Result:
<hr/>					
75992	Deleted from CPT	Global: XXX	Issue: Transluminal Arthrectomy	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: February 2008	2010 Medicare Utilization Data: 27,603	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2010	Result: Deleted from CPT
<hr/>					
75993	Deleted from CPT	Global: ZZZ	Issue: Transluminal Arthrectomy	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: February 2008	2010 Medicare Utilization Data: 9,724	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2010	Result: Deleted from CPT
<hr/>					
75994	Revised to Category III	Global: XXX	Issue: Transluminal Arthrectomy	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: April 2008	2010 Medicare Utilization Data: 277	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2010	Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

75995 Revised to Category III **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: April 2008	2010 Medicare Utilization Data: 43	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: Remove from Screen	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Remove from screen			CPT Action (if applicable): February 2010 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

75996 Revised to Category III **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: April 2008	2010 Medicare Utilization Data: 12	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: Remove from Screen	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Remove from screen			CPT Action (if applicable): February 2010 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy) **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010	Tab 73	Specialty Developing Recommendation:	First Identified: October 2010	2010 Medicare Utilization Data: 136,840	2007 Work RVU: 0.17 2007 NF PE RVU: 1.68 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.17 2013 NF PE RVU: 1.37 2013 Fac PE RVU: NA
RUC Recommendation: Maintain			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

76100 Radiologic examination, single plane body section (eg, tomography), other than with urography **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009	Tab 27	Specialty Developing Recommendation: ACR, ISIS	First Identified: April 2009	2010 Medicare Utilization Data: 5,315	2007 Work RVU: 0.58 2007 NF PE RVU: 1.93 2007 Fac PE RVU: NA Result: PE Only	2013 Work RVU: 0.58 2013 NF PE RVU: 2.42 2013 Fac PE RVU: NA
RUC Recommendation: New PE inputs			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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76101 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab** 27 **Specialty Developing** ACR, ISIS **First** **2010 Medicare** **2007 Work RVU:** 0.58 **2013 Work RVU:** 0.58
RUC Meeting: April 2009 **Recommendation:** **Identified:** April 2009 **Utilization Data:** 583 **2007 NF PE RVU:** 2.5 **2013 NF PE RVU:** 3.93

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU NA

Result: PE Only

2013 Fac PE RVU: NA

76102 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab** 27 **Specialty Developing** ACR, ISIS **First** **2010 Medicare** **2007 Work RVU:** 0.58 **2013 Work RVU:** 0.58
RUC Meeting: April 2009 **Recommendation:** **Identified:** April 2009 **Utilization Data:** 702 **2007 NF PE RVU:** 3.35 **2013 NF PE RVU:** 5.46

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU NA

Result: PE Only

2013 Fac PE RVU: NA

76513 Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth **Complete?** No

Most Recent **Tab** 51 **Specialty Developing** AAO, AOA **First** **2010 Medicare** **2007 Work RVU:** 0.66 **2013 Work RVU:** 0.66
RUC Meeting: September 2011 **Recommendation:** (optometric) **Identified:** February 2008 **Utilization Data:** 19,128 **2007 NF PE RVU:** 1.75 **2013 NF PE RVU:** 2.25

RUC Recommendation: CPT Assistant Article and 0.66.

CPT Action (if applicable): May 2008

Referred to CPT Asst ☒

Published in CPT Asst:

2007 Fac PE RVU NA

Result: Maintain

SS submitted articl

2013 Fac PE RVU: NA

76536 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation **Global:** XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 29 **Specialty Developing** ACR, ASNR, **First** **2010 Medicare** **2007 Work RVU:** 0.56 **2013 Work RVU:** 0.56
RUC Meeting: April 2009 **Recommendation:** TES, AACE **Identified:** October 2008 **Utilization Data:** 592,261 **2007 NF PE RVU:** 1.83 **2013 NF PE RVU:** 3.09

RUC Recommendation: 0.56

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU NA

Result: Maintain

2013 Fac PE RVU: NA

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76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation		Global: XXX	Issue: Research Subcommittee	Screen: CMS-Other - Utilization over 500,000	Complete? No
Most Recent RUC Meeting: January 2013	Tab 33	Specialty Developing Recommendation: ACR, ASBS	First Identified: April 2011	2010 Medicare Utilization Data: 790,811	2007 Work RVU: 0.54 2007 NF PE RVU: 1.41 2007 Fac PE RVU NA Result:	2013 Work RVU: 0.54 2013 NF PE RVU: 2.37 2013 Fac PE RVU: NA
RUC Recommendation: Survey for work and PE October 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
76700	Ultrasound, abdominal, real time with image documentation; complete		Global: XXX	Issue:	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 41	Specialty Developing Recommendation:	First Identified: October 2010	2010 Medicare Utilization Data: 1,040,905	2007 Work RVU: 0.81 2007 NF PE RVU: 2.39 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 0.81 2013 NF PE RVU: 3.37 2013 Fac PE RVU: NA
RUC Recommendation: Reaffirmed RUC recommendation			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)		Global: XXX	Issue: Research Subcommittee	Screen: CMS-Other - Utilization over 500,000	Complete? No
Most Recent RUC Meeting: January 2013	Tab 33	Specialty Developing Recommendation: ACR, ASBS	First Identified: April 2011	2010 Medicare Utilization Data: 957,502	2007 Work RVU: 0.59 2007 NF PE RVU: 1.77 2007 Fac PE RVU NA Result:	2013 Work RVU: 0.59 2013 NF PE RVU: 2.64 2013 Fac PE RVU: NA
RUC Recommendation: Survey for work and PE October 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete		Global: XXX	Issue: Research Subcommittee	Screen: CMS-Other - Utilization over 500,000	Complete? No
Most Recent RUC Meeting: January 2013	Tab 30	Specialty Developing Recommendation: ACR, ASBS	First Identified: April 2011	2010 Medicare Utilization Data: 1,087,261	2007 Work RVU: 0.74 2007 NF PE RVU: 2.36 2007 Fac PE RVU NA Result:	2013 Work RVU: 0.74 2013 NF PE RVU: 3.21 2013 Fac PE RVU: NA
RUC Recommendation: Survey for work and PE October 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

76775 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited **Global:** XXX **Issue:** Research Subcommittee **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 716,487 **2007 Work RVU:** 0.58 **2013 Work RVU:** 0.58 **2007 NF PE RVU:** 1.81 **2013 NF PE RVU:** 2.66 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:**

RUC Recommendation: Survey for work and PE October 2013 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

76830 Ultrasound, transvaginal **Global:** XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 457,192 **2007 Work RVU:** 0.69 **2013 Work RVU:** 0.69 **2007 NF PE RVU:** 1.97 **2013 NF PE RVU:** 1.54 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.69 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

76856 Ultrasound, pelvic (nonobstetric), real time with image documentation; complete **Global:** XXX **Issue:** Research Subcommittee **Screen:** CMS-Other - Utilization over 500,000 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 30 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 545,291 **2007 Work RVU:** 0.69 **2013 Work RVU:** 0.69 **2007 NF PE RVU:** 1.99 **2013 NF PE RVU:** 3.03 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:**

RUC Recommendation: Survey for work and PE October 2013 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

76872 Ultrasound, transrectal; **Global:** XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 261,922 **2007 Work RVU:** 0.69 **2013 Work RVU:** 0.69 **2007 NF PE RVU:** 2.52 **2013 NF PE RVU:** 1.94 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.69 **CPT Action (if applicable):** Referred to CPT Asst ☐ **Published in CPT Asst:**

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76880 Deleted from CPT **Global:** XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 26 **Specialty Developing** APMA, ACR **First** **2010 Medicare** **2007 Work RVU:** 0.59 **2013 Work RVU:**
RUC Meeting: October 2009 **Recommendation:** **Identified:** October 2008 **Utilization Data:** 262,901 **2007 NF PE RVU:** 1.97 **2013 NF PE RVU:**
RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2010 **2007 Fac PE RVU** NA **2013 Fac PE RVU:**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

76881 Ultrasound, extremity, nonvascular, real-time with image documentation; complete **Global:** XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing** AAPMR, **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 0.63
RUC Meeting: April 2010 **Recommendation:** APMA, ACR **Identified:** April 2010 **Utilization Data:** **2007 NF PE RVU:** **2013 NF PE RVU:** 2.98
RUC Recommendation: 0.72 **CPT Action (if applicable):** February 2010 **2007 Fac PE RVU** **2013 Fac PE RVU:** NA
Referred to CPT Asst ☒ **Published in CPT Asst:** **Result:** Decrease
Clinical Examples

76882 Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific **Global:** XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing** AAPMR, **First** **2010 Medicare** **2007 Work RVU:** **2013 Work RVU:** 0.49
RUC Meeting: April 2010 **Recommendation:** APMA, ACR **Identified:** April 2010 **Utilization Data:** **2007 NF PE RVU:** **2013 NF PE RVU:** 0.50
RUC Recommendation: 0.50 **CPT Action (if applicable):** February 2010 **2007 Fac PE RVU** **2013 Fac PE RVU:** NA
Referred to CPT Asst ☒ **Published in CPT Asst:** **Result:** Decrease
Clinical Examples

Status Report: CMS Requests and Relativity Assessment Issues

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Global: XXX	Issue: RAW review	Screen: CMS-Other - Utilization over 500,000	Complete? No
Most Recent RUC Meeting: January 2013	Tab 30	Specialty Developing Recommendation: ACR, AACE, AAPM, AAOS, ASA, AUA, ACRh, ACRO, SIR, TES, ASIPP	First Identified: April 2011	2010 Medicare Utilization Data: 1,261,256	2007 Work RVU: 0.67 2007 NF PE RVU: 3.43 2007 Fac PE RVU: NA 2013 Work RVU: 0.67 2013 NF PE RVU: 5.43 2013 Fac PE RVU: NA
RUC Recommendation: Review survey at Research Sub Oct 2013. Survey for work and PE time certain April 2014.	CPT Action (if applicable):		Result:		
	Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
76950	Ultrasonic guidance for placement of radiation therapy fields	Global: XXX	Issue: IMRT with Ultrasound Guidance	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 14	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: February 2010	2010 Medicare Utilization Data: 68,736	2007 Work RVU: 0.58 2007 NF PE RVU: 1.43 2007 Fac PE RVU: NA 2013 Work RVU: 0.58 2013 NF PE RVU: 0.87 2013 Fac PE RVU: NA
RUC Recommendation: New PE Inputs	CPT Action (if applicable):		Result: PE Only		
	Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
76970	Ultrasound study follow-up (specify)	Global: XXX	Issue: IMRT with Ultrasound Guidance	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 38	Specialty Developing Recommendation: ACS, ACR, AACE	First Identified: February 2008	2010 Medicare Utilization Data: 13,377	2007 Work RVU: 0.40 2007 NF PE RVU: 1.41 2007 Fac PE RVU: NA 2013 Work RVU: 0.40 2013 NF PE RVU: 2.57 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS	CPT Action (if applicable):		Result: Remove from Screen		
	Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)

Global: ZZZ **Issue:** RAW **Screen:** MPC List / CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013

Tab 34 Specialty Developing Recommendation:

First Identified: January 2012

2010 Medicare Utilization Data: 464,725

2007 Work RVU: 0.38

2013 Work RVU: 0.38

2007 NF PE RVU: 1.73

2013 NF PE RVU: 3.16

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Survey for work and PE April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)

Global: XXX **Issue:** RAW

Screen: MPC List / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34 Specialty Developing Recommendation:

First Identified: January 2012

2010 Medicare Utilization Data: 220,148

2007 Work RVU: 0.54

2013 Work RVU: 0.54

2007 NF PE RVU: 1.4

2013 NF PE RVU: 1.78

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Survey for work and PE April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)

Global: XXX **Issue:** Fluoroscopic Guidance for Spine Injection

Screen: MPC List / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34 Specialty Developing Recommendation: AAPM, AAPMR, ASA, ASIPP, NASS, SIR

First Identified: October 2010

2010 Medicare Utilization Data: 1,890,663

2007 Work RVU: 0.60

2013 Work RVU: 0.60

2007 NF PE RVU: 1.28

2013 NF PE RVU: 2.16

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Place on April 2013 agenda to reaffirm. 0.60

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77011	Computed tomography guidance for stereotactic localization			Global:	XXX	Issue:	IMRT with CT Guidance	Screen:	CMS Request - Practice Expense Review	Complete?	Yes										
Most Recent RUC Meeting:	October 2010	Tab	15	Specialty Developing Recommendation:	ASTRO, ACRO	First Identified:		2010 Medicare Utilization Data:	5,807	2007 Work RVU:	1.21	2013 Work RVU:	1.21	2007 NF PE RVU:	11.38	2013 NF PE RVU:	5.41	2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:						New PE inputs		CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:		Result:				PE Only				
77014	Computed tomography guidance for placement of radiation therapy fields			Global:	XXX	Issue:	IMRT with CT Guidance	Screen:	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes	Complete?	No										
Most Recent RUC Meeting:	January 2012	Tab	30	Specialty Developing Recommendation:	ASTRO, ACR	First Identified:	October 2010	2010 Medicare Utilization Data:	783,285	2007 Work RVU:	0.85	2013 Work RVU:	0.85	2007 NF PE RVU:	3.53	2013 NF PE RVU:	2.76	2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:						Refer to CPT		CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	February 2013 Published in CPT Asst:		Result:								
77031	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation			Global:	XXX	Issue:	Breast Biopsy	Screen:	Codes Reported Together 75% or More-Part2	Complete?	Yes										
Most Recent RUC Meeting:	January 2013	Tab	05	Specialty Developing Recommendation:		First Identified:	January 2012	2010 Medicare Utilization Data:		2007 Work RVU:	1.59	2013 Work RVU:	1.59	2007 NF PE RVU:	6.19	2013 NF PE RVU:	2.12	2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:						Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	October 2012 Published in CPT Asst:		Result:				Deleted from CPT				

Status Report: CMS Requests and Relativity Assessment Issues

77032 Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation **Global:** XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 05

Specialty Developing Recommendation:

First Identified: January 2012

2010 Medicare Utilization Data:

2007 Work RVU: 0.56

2013 Work RVU: 0.56

2007 NF PE RVU: 1.26

2013 NF PE RVU: 0.96

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77052 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)

Global: ZZZ

Issue:

Screen: Low Value-High Volume

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 41

Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 4,790,060

2007 Work RVU: 0.06

2013 Work RVU: 0.06

2007 NF PE RVU: 0.38

2013 NF PE RVU: 0.23

2007 Fac PE RVU: 0.38

2013 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)

Global: XXX

Issue: CT Bone Density Study

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: ACR, AAAP, ACP

First Identified: October 2009

2010 Medicare Utilization Data: 1,318

2007 Work RVU: 0.22

2013 Work RVU:

2007 NF PE RVU: 2.45

2013 NF PE RVU:

2007 Fac PE RVU: NA

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Global: XXX	Issue: Dual-energy X-ray Absorptiometry	Screen: CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: January 2012	Tab 23	Specialty Developing Recommendation: AACE, ACR, ACRh, TES	First Identified: September 2011	2010 Medicare Utilization Data: 2,479,421	2007 Work RVU: 0.20 2007 NF PE RVU: 2.59 2007 Fac PE RVU Result: NA 2013 Work RVU: 0.20 2013 NF PE RVU: 1.26 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle (0.20)			CPT Action (if applicable): 2015 CPT cycle Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	Global: XXX	Issue: Dual-energy X-ray Absorptiometry	Screen: CMS Request - NPRM for 2012 / Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: January 2012	Tab 23	Specialty Developing Recommendation: AACE, ACR, ACRh, TES	First Identified: September 2011	2010 Medicare Utilization Data: 156,183	2007 Work RVU: 0.17 2007 NF PE RVU: 0.71 2007 Fac PE RVU Result: NA 2013 Work RVU: 0.17 2013 NF PE RVU: 0.65 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle (0.17)			CPT Action (if applicable): 2015 CPT cycle Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites	Global: XXX	Issue: Radiographic Absorptiometry	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 31	Specialty Developing Recommendation: ACR, ACP	First Identified: October 2009	2010 Medicare Utilization Data: 1,112	2007 Work RVU: 0.20 2007 NF PE RVU: 0.71 2007 Fac PE RVU Result: NA 2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

77280 Therapeutic radiology simulation-aided field setting; simple				Global: XXX	Issue: Set Radiation Therapy Field	Screen: Harvard Valued - Utilization over 30,000 / PE Services with Stand-Alone Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 14	Specialty Developing Recommendation:	ASTRO	First Identified: April 2011	2010 Medicare Utilization Data: 273,963	2007 Work RVU: 0.70 2007 NF PE RVU: 3.89 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 0.70 2013 NF PE RVU: 4.58 2013 Fac PE RVU: NA
RUC Recommendation: 0.70				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		
77285 Therapeutic radiology simulation-aided field setting; intermediate				Global: XXX	Issue: Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000 / PE Services with Stand-Alone Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 14	Specialty Developing Recommendation:	ASTRO	First Identified: September 2011	2010 Medicare Utilization Data: 4,634	2007 Work RVU: 1.05 2007 NF PE RVU: 6.45 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.05 2013 NF PE RVU: 8.31 2013 Fac PE RVU: NA
RUC Recommendation: 1.05				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		
77290 Therapeutic radiology simulation-aided field setting; complex				Global: XXX	Issue: Respiratory Motion Management Simulation	Screen: MPC List / Harvard Valued - Utilization over 30,000 / PE Services with Stand-Alone Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 14	Specialty Developing Recommendation:	ASTRO	First Identified: October 2010	2010 Medicare Utilization Data: 334,547	2007 Work RVU: 1.56 2007 NF PE RVU: 8.63 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 1.56 2013 NF PE RVU: 13.98 2013 Fac PE RVU: NA
RUC Recommendation: 1.56				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	Global: XXX	Issue: Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 14 Specialty Developing Recommendation: ASTRO	First Identified: September 2011	2010 Medicare Utilization Data: 138,880	2007 Work RVU: 4.56 2007 NF PE RVU: 23.92 2007 Fac PE RVU: NA Result: Decrease	2013 Work RVU: 4.56 2013 NF PE RVU: 8.24 2013 Fac PE RVU: NA
RUC Recommendation: 4.29		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		

772X1X		Global:	Issue: Respiratory Motion Management Simulation	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 14 Specialty Developing Recommendation: ASTRO	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: 2.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2012 Published in CPT Asst:		

77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	Global: XXX	Issue: Radiation Isodose Planning	Screen: MPC List / Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: February 2011	Tab 41 Specialty Developing Recommendation: ASTRO	First Identified: October 2010	2010 Medicare Utilization Data: 1,706,082	2007 Work RVU: 0.62 2007 NF PE RVU: 1.45 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.62 2013 NF PE RVU: 1.30 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT to bundle.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2015 cycle Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications			Global: XXX	Issue: Radiotherapy Dose Plan IMRT	Screen: CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes / PE Services with Stand-Alone Procedure Time	Complete?	No
Most Recent RUC Meeting:	April 2012	Tab 45	Specialty Developing Recommendation: ASTRO	First Identified: October 2008	2010 Medicare Utilization Data: 90,639	2007 Work RVU: 7.99 2007 NF PE RVU: 37.25 2007 Fac PE RVU NA	2013 Work RVU: 7.99 2013 NF PE RVU: 49.98 2013 Fac PE RVU: NA	
RUC Recommendation:	Review at PE Subcommittee. 7.99. CPT Assistant article published.			CPT Action (if applicable):		Result: Maintain		
				Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:	Nov 2009	

77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)			Global: XXX	Issue: Radiation Isodose Planning	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ASTRO	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.70 2007 NF PE RVU: 1.79 2007 Fac PE RVU NA	2013 Work RVU: 0.70 2013 NF PE RVU: 0.98 2013 Fac PE RVU: NA
RUC Recommendation:	Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	2015 CPT cycle Published in CPT Asst:	Result:	

77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)			Global: XXX	Issue: Radiation Isodose Planning	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ASTRO	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 1.05 2007 NF PE RVU: 2.32 2007 Fac PE RVU NA	2013 Work RVU: 1.05 2013 NF PE RVU: 1.38 2013 Fac PE RVU: NA
RUC Recommendation:	Refer to CPT to bundle.			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	2015 CPT cycle Published in CPT Asst:	Result:	

Status Report: CMS Requests and Relativity Assessment Issues

77315 Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) **Global:** XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.56 **2013 Work RVU:** 1.56 **2007 NF PE RVU:** 2.9 **2013 NF PE RVU:** 2.29 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **RUC Recommendation:** Refer to CPT to bundle. **CPT Action (if applicable):** 2015 CPT cycle **Published in CPT Asst:** ☐

77327 Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources) **Global:** XXX **Issue:** Radiation Isodose Planning **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** ASTRO **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.39 **2013 Work RVU:** 1.39 **2007 NF PE RVU:** 3.97 **2013 NF PE RVU:** 4.51 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **RUC Recommendation:** Refer to CPT to bundle. **CPT Action (if applicable):** 2015 CPT cycle **Published in CPT Asst:** ☐

77334 Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) **Global:** XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 852,282 **2007 Work RVU:** 1.24 **2013 Work RVU:** 1.24 **2007 NF PE RVU:** 3.43 **2013 NF PE RVU:** 3.11 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **RUC Recommendation:** Reaffirmed RUC recommendation **CPT Action (if applicable):** **Published in CPT Asst:** ☐

Status Report: CMS Requests and Relativity Assessment Issues

77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	Global: XXX	Issue: Radiation Isodose Planning	Screen: Public Comment Requests NPRM for 2013	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation: ASTRO	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.52 2007 Fac PE RVU Result: NA	2013 Work RVU: 0.00 2013 NF PE RVU: 1.28 2013 Fac PE RVU: NA
RUC Recommendation: Review practice expense by April 2013.	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: January 2013	Tab 27 Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2013 Work RVU: 4.29 2013 NF PE RVU: 10.16 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013.	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Global: XXX	Issue: Radiation Treatment Delivery, Stereotactic Radiosurgery	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 30 Specialty Developing Recommendation: ASTRO	First Identified: NA	2010 Medicare Utilization Data: 36	2007 Work RVU: 0.00 2007 NF PE RVU: 30.25 2007 Fac PE RVU Result: NA	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: New PE inputs	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 22.93 2007 Fac PE RVU Result: NA	2013 Work RVU: 0.00 2013 NF PE RVU: 23.03 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013.		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Global: XXX	Issue: Radiation Treatment Delivery - PE Only	Screen: NPRM for 2013 PE Services with Stand-Alone Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 27 Specialty Developing Recommendation: ACR, ASTRO, ACRO	First Identified: July 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 42.87 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 0.00 2013 NF PE RVU: 37.23 2013 Fac PE RVU: NA
RUC Recommendation: New PE inputs		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
77402	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27 Specialty Developing Recommendation:	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.37 2007 Fac PE RVU Result: NA	2013 Work RVU: 0.00 2013 NF PE RVU: 4.55 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.27 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 3.76 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.38 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 4.18 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
77406	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.38 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 4.17 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.93 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 6.63 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:

Status Report: CMS Requests and Relativity Assessment Issues

77408	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
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Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 2.87

2013 NF PE RVU: 5.18

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Review PE by April 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

77409	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
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Global: XXX

Issue: RAW

Screen: PE Services with Stand-Alone Procedure Time

Complete? No

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 3.02

2013 NF PE RVU: 5.76

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Review PE by April 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

77411	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
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Global: XXX

Issue: RAW

Screen: PE Services with Stand-Alone Procedure Time

Complete? No

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 3.01

2013 NF PE RVU: 5.79

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Review PE by April 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 3.46 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 7.05 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
<hr/>					
77413	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 3.46 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 6.79 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
<hr/>					
77414	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 3.68 2007 Fac PE RVU NA 2013 Work RVU: 0.00 2013 NF PE RVU: 7.65 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result:
<hr/>					

Status Report: CMS Requests and Relativity Assessment Issues

77416	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 3.68 2007 Fac PE RVU Result: NA 2013 Work RVU: 0.00 2013 NF PE RVU: 7.64 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
77417	Therapeutic radiology port film(s)	Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 0.53 2007 Fac PE RVU Result: NA 2013 Work RVU: 0.00 2013 NF PE RVU: 0.41 2013 Fac PE RVU: NA
RUC Recommendation: Review PE by April 2013			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Global: XXX	Issue: Radiation Treatment Delivery - PE Only	Screen: CMS Fastest Growing / PE Services with Stand-Alone Procedure Time / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 27	Specialty Developing Recommendation: ACR, ASTRO, ACRO	First Identified: October 2008	2010 Medicare Utilization Data: 1,366,399	2007 Work RVU: 0.00 2007 NF PE RVU: 16.8 2007 Fac PE RVU Result: PE Only 2013 Work RVU: 0.00 2013 NF PE RVU: 11.91 2013 Fac PE RVU: NA
RUC Recommendation: New PE inputs			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Nov 2009 and Q&A	

Status Report: CMS Requests and Relativity Assessment Issues

77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy				Global: XXX	Issue: IMRT with Stereotopic X-ray Guidance	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes	Complete?	No			
Most Recent RUC Meeting:	January 2012	Tab 30	Specialty Developing Recommendation:	ASTRO	First Identified:	February 2010	2010 Medicare Utilization Data:	1,140,462	2007 Work RVU:	0.39	2013 Work RVU:	0.39
									2007 NF PE RVU:	3.11	2013 NF PE RVU:	1.78
									2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:	Refer to CPT. New PE inputs Feb 2010.				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	February 2013	Published in CPT Asst:	Result:	PE Only		
77427	Radiation treatment management, 5 treatments				Global: XXX	Issue: Radiation Treatment Management	Screen: Site of Service Anomaly	Complete?	Yes			
Most Recent RUC Meeting:	October 2009	Tab 27	Specialty Developing Recommendation:	ASTRO	First Identified:	September 2007	2010 Medicare Utilization Data:	1,194,406	2007 Work RVU:	3.70	2013 Work RVU:	3.37
									2007 NF PE RVU:	1.15	2013 NF PE RVU:	1.60
									2007 Fac PE RVU	1.15	2013 Fac PE RVU:	1.60
RUC Recommendation:	3.45				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	June 2009	Published in CPT Asst:	Result:	Decrease		
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)				Global: XXX	Issue: RAW	Screen: PE Services with Stand-Alone Procedure Time	Complete?	No			
Most Recent RUC Meeting:	October 2012	Tab 27	Specialty Developing Recommendation:		First Identified:	October 2012	2010 Medicare Utilization Data:		2007 Work RVU:	1.56	2013 Work RVU:	1.56
									2007 NF PE RVU:	5.09	2013 NF PE RVU:	11.02
									2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:	PE Subcommittee				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>		Published in CPT Asst:	Result:	Remove from Screen		

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77778	Interstitial radiation source application; complex			Global: 090	Issue: Clinical Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	ASTRO	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 11.23 2007 NF PE RVU: 9.38 2007 Fac PE RVU 9.38	2013 Work RVU: 11.32 2013 NF PE RVU: 13.09 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	CPT 2015 cycle Published in CPT Asst:	Result:	
77781	Deleted from CPT			Global: XXX	Issue: Brachytherapy	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 26	Specialty Developing Recommendation:	ASTRO	First Identified: October 2008	2010 Medicare Utilization Data:	2007 Work RVU: 1.21 2007 NF PE RVU: 16.73 2007 Fac PE RVU NA	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2008 Published in CPT Asst:	Result: Deleted from CPT	
77782	Deleted from CPT			Global: XXX	Issue: Brachytherapy	Screen: High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation:	ASTRO	First Identified: February 2008	2010 Medicare Utilization Data:	2007 Work RVU: 2.04 2007 NF PE RVU: 18.94 2007 Fac PE RVU NA	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2008 Published in CPT Asst:	Result: Deleted from CPT	
77784	Deleted from CPT			Global: XXX	Issue: Brachytherapy	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S	Specialty Developing Recommendation:	ASTRO	First Identified: February 2008	2010 Medicare Utilization Data:	2007 Work RVU: 5.15 2007 NF PE RVU: 28.04 2007 Fac PE RVU NA	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2008 Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel				Global: XXX	Issue: High Dose Rate Brachytherapy	Screen: High Volume Growth / CMS Fastest Growing/CMS Request - Practice Expense / PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	ASTRO	First Identified:	2010 Medicare Utilization Data: 26,938	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 1.42 2013 NF PE RVU: 5.84 2013 Fac PE RVU: NA
RUC Recommendation: Review at PE Subcommittee. 1.42 and new PE inputs				CPT Action (if applicable):			
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
77786 Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels				Global: XXX	Issue: High Dose Rate Brachytherapy	Screen: High Volume Growth / CMS Fastest Growing/CMS Request - Practice Expense / PE Services with Stand-Alone Procedure Time	Complete? No
Most Recent RUC Meeting: October 2012	Tab 27	Specialty Developing Recommendation:	ASTRO	First Identified:	2010 Medicare Utilization Data: 29,904	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 3.25 2013 NF PE RVU: 12.90 2013 Fac PE RVU: NA
RUC Recommendation: Review at PE Subcommittee. 3.25 and new PE inputs				CPT Action (if applicable):			
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels				Global: XXX	Issue: High Dose Rate Brachytherapy	Screen: High Volume Growth / CMS Fastest Growing/CMS Request - Practice Expense / PE Services with Stand-Alone Procedure Time / Codes Reported Together 75% or More-Part2	Complete?	No
Most Recent RUC Meeting:	October 2012	Tab 27	Specialty Developing Recommendation:	ASTRO	First Identified:	2010 Medicare Utilization Data: 6,907	2007 Work RVU:	2013 Work RVU:	4.89
							2007 NF PE RVU:	2013 NF PE RVU:	22.85
							2007 Fac PE RVU Result:	2013 Fac PE RVU:	NA
RUC Recommendation:	Review at PE Subcommittee. Refer to CPT to bundle.				CPT Action (if applicable):	CPT 2015 cycle			
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		
77790	Supervision, handling, loading of radiation source				Global: XXX	Issue: Clinical Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete?	No
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation:	ASTRO	First Identified: October 2012	2010 Medicare Utilization Data:	2007 Work RVU: 1.05	2013 Work RVU:	1.05
							2007 NF PE RVU: 1	2013 NF PE RVU:	1.68
							2007 Fac PE RVU NA	2013 Fac PE RVU:	NA
RUC Recommendation:	Refer to CPT				CPT Action (if applicable):	CPT 2015 cycle	Result:		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		
78000	Thyroid uptake; single determination				Global: XXX	Issue: Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:	2010 Medicare Utilization Data: 1,402	2007 Work RVU: 0.19	2013 Work RVU:	
							2007 NF PE RVU: 1.21	2013 NF PE RVU:	
							2007 Fac PE RVU NA	2013 Fac PE RVU:	
RUC Recommendation:	Deleted from CPT				CPT Action (if applicable):	February 2012	Result: Deleted from CPT		
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

78001 Thyroid uptake; multiple determinations **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 1,130 **2007 Work RVU:** 0.26 **2013 Work RVU:** **2007 NF PE RVU:** 1.59 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Published in CPT Asst:**

Referred to CPT Asst ☐

78003 Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 19 **2007 Work RVU:** 0.33 **2013 Work RVU:** **2007 NF PE RVU:** 1.26 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Published in CPT Asst:**

Referred to CPT Asst ☐

78006 Thyroid imaging, with uptake; single determination **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2010 Medicare Utilization Data:** 20,307 **2007 Work RVU:** 0.49 **2013 Work RVU:** **2007 NF PE RVU:** 3.38 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Published in CPT Asst:**

Referred to CPT Asst ☐

78007 Thyroid imaging, with uptake; multiple determinations **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2010 Medicare Utilization Data:** 29,384 **2007 Work RVU:** 0.50 **2013 Work RVU:** **2007 NF PE RVU:** 2.76 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2012 **Published in CPT Asst:**

Referred to CPT Asst ☐

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78010 Thyroid imaging; only **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012	Tab 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:	2010 Medicare Utilization Data: 6,404	2007 Work RVU: 0.39	2013 Work RVU:
						2007 NF PE RVU: 2.45	2013 NF PE RVU:
						2007 Fac PE RVU NA	2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): February 2012		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

78011 Thyroid imaging; with vascular flow **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012	Tab 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:	2010 Medicare Utilization Data: 188	2007 Work RVU: 0.45	2013 Work RVU:
						2007 NF PE RVU: 2.99	2013 NF PE RVU:
						2007 Fac PE RVU NA	2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): February 2012		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012	Tab 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU: 0.19
						2007 NF PE RVU:	2013 NF PE RVU: 2.24
						2007 Fac PE RVU	2013 Fac PE RVU: NA
RUC Recommendation: 0.19				CPT Action (if applicable): February 2012		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

78013 Thyroid imaging (including vascular flow, when performed); **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012	Tab 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU: 0.37
						2007 NF PE RVU:	2013 NF PE RVU: 5.78
						2007 Fac PE RVU	2013 Fac PE RVU: NA
RUC Recommendation: 0.37				CPT Action (if applicable): February 2012		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Global: XXX	Issue: Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
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Most Recent RUC Meeting: April 2012

Tab 22

Specialty Developing Recommendation:

ACR, ACNM, SNM

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.50

2007 NF PE RVU:

2013 NF PE RVU: 6.61

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.50

CPT Action (if applicable):

February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

78070 Parathyroid planar imaging (including subtraction, when performed);

Global: XXX

Issue: Parathyroid Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 23

Specialty Developing Recommendation:

ACR, ACNM, SNM

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU: 0.82

2013 Work RVU: 0.80

2007 NF PE RVU: 4.21

2013 NF PE RVU: 8.22

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.80

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

Global: XXX

Issue: Parathyroid Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 23

Specialty Developing Recommendation:

ACR, ACNM, SNM

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.20

2007 NF PE RVU:

2013 NF PE RVU: 9.39

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.20

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Global: YYY	Issue: Parathyroid Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 23 Specialty Developing Recommendation: ACR, ACNM, SNM	First Identified: April 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation: 1.60	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	Global: XXX	Issue: Hepatobiliary Ductal System Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 12 Specialty Developing Recommendation: ACR, SNM	First Identified: October 2009	2010 Medicare Utilization Data: 179,697	2007 Work RVU: 0.84 2007 NF PE RVU: 4.95 2007 Fac PE RVU NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT	CPT Action (if applicable): October 2010 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
78226	Hepatobiliary system imaging, including gallbladder when present;	Global: XXX	Issue: Hepatobiliary System Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 12 Specialty Developing Recommendation: ACR, SNM, ACNM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.74 2013 NF PE RVU: 10.63 2013 Fac PE RVU: NA
RUC Recommendation: 0.74	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

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78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed			Global: XXX	Issue: Hepatobiliary System Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 12	Specialty Developing Recommendation:	ACR, SNM, ACNM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.90 2013 NF PE RVU: 14.52 2013 Fac PE RVU: NA
RUC Recommendation: 0.90				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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78278	Acute gastrointestinal blood loss imaging			Global: XXX	Issue: Acute GI Blood Loss Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 34	Specialty Developing Recommendation:	ACR, SNM, ACNM	First Identified: April 2011	2010 Medicare Utilization Data: 38,195	2007 Work RVU: 0.99 2007 NF PE RVU: 5.92 2007 Fac PE RVU Result: Maintain	2013 Work RVU: 0.99 2013 NF PE RVU: 9.56 2013 Fac PE RVU: NA
RUC Recommendation: 0.99				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)			Global: XXX	Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 16	Specialty Developing Recommendation:	SNM, ACR, ASNC, ACC	First Identified: NA	2010 Medicare Utilization Data: 71,735	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2013 Work RVU: 1.38 2013 NF PE RVU: 9.15 2013 Fac PE RVU: NA
RUC Recommendation: 1.40				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Global: XXX	Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 16	Specialty Developing Recommendation: SNM, ACR, ASNC, ACC	First Identified: NA	2010 Medicare Utilization Data: 2,547,580	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 1.62 2013 NF PE RVU: 13.06 2013 Fac PE RVU: NA
RUC Recommendation: 1.75	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Global: XXX	Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 16	Specialty Developing Recommendation: SNM, ACR, ASNC, ACC	First Identified: NA	2010 Medicare Utilization Data: 3,586	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 1.00 2013 NF PE RVU: 8.18 2013 Fac PE RVU: NA
RUC Recommendation: 1.00	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Global: XXX	Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 16	Specialty Developing Recommendation: SNM, ACR, ASNC, ACC	First Identified: NA	2010 Medicare Utilization Data: 18,718	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 1.34 2013 NF PE RVU: 11.89 2013 Fac PE RVU: NA
RUC Recommendation: 1.34	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

78460 Deleted from CPT **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.86 **2013 Work RVU:** **2007 NF PE RVU:** 3.1 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78461 Deleted from CPT **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.23 **2013 Work RVU:** **2007 NF PE RVU:** 4.81 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78464 Deleted from CPT **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.09 **2013 Work RVU:** **2007 NF PE RVU:** 7.03 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78465 Deleted from CPT **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** **2007 Work RVU:** 1.46 **2013 Work RVU:** **2007 NF PE RVU:** 12.08 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing **Global:** XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2010 Medicare Utilization Data:** 51,453 **2007 Work RVU:** 0.98 **2013 Work RVU:** 0.98 **2007 NF PE RVU:** 5.87 **2013 NF PE RVU:** 5.98 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 0.98

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Work RVU: 0.98
2007 NF PE RVU: 5.87
2007 Fac PE RVU NA
Result: Maintain

2013 Work RVU: 0.98
2013 NF PE RVU: 5.98
2013 Fac PE RVU: NA

78478 Deleted from CPT

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.50 **2013 Work RVU:** **2007 NF PE RVU:** 1.54 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2008

Published in CPT Asst:

Result: Deleted from CPT

78480 Deleted from CPT

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.30 **2013 Work RVU:** **2007 NF PE RVU:** 1.51 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2008

Published in CPT Asst:

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78579 Pulmonary ventilation imaging (eg, aerosol or gas)				Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 13	Specialty Developing Recommendation: ACR, SNM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU: 0.49	
					2007 NF PE RVU:	2013 NF PE RVU: 6.01	
					2007 Fac PE RVU	2013 Fac PE RVU: NA	
RUC Recommendation: 0.49			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010	Result: Decrease		
				Published in CPT Asst:			

78580 Pulmonary perfusion imaging (eg, particulate)			Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 13	Specialty Developing Recommendation: SNM, ACR	First Identified: February 2010	2010 Medicare Utilization Data: 28,385	2007 Work RVU: 0.74 2007 NF PE RVU: 3.97 2007 Fac PE RVU NA	2013 Work RVU: 0.74 2013 NF PE RVU: 6.44 2013 Fac PE RVU: NA
RUC Recommendation: 0.74			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:	Result: Maintain	

78582 Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging				Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 13	Specialty Developing Recommendation: ACR, SNM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU: 1.07	
					2007 NF PE RVU:	2013 NF PE RVU: 10.37	
					2007 Fac PE RVU	2013 Fac PE RVU: NA	
RUC Recommendation: 1.07			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010	Result: Decrease		
				Published in CPT Asst:			

78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath				Global: XXX	Issue: Pulmonary Perfusion Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 31	Specialty Developing Recommendation: SNM, ACR	First Identified: February 2010	2010 Medicare Utilization Data: 25,571	2007 Work RVU: 0.99	2013 Work RVU:	
					2007 NF PE RVU: 3.34	2013 NF PE RVU:	
					2007 Fac PE RVU NA	2013 Fac PE RVU:	
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010	Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

78585 Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2010 Medicare Utilization Data:** 117,066 **2007 Work RVU:** 1.09 **2013 Work RVU:** **2007 NF PE RVU:** 6.53 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78586 Pulmonary ventilation imaging, aerosol; single projection **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 699 **2007 Work RVU:** 0.40 **2013 Work RVU:** **2007 NF PE RVU:** 3.02 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78587 Deleted from CPT **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,402 **2007 Work RVU:** 0.49 **2013 Work RVU:** **2007 NF PE RVU:** 3.51 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78588 Deleted from CPT **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 96,017 **2007 Work RVU:** 1.09 **2013 Work RVU:** **2007 NF PE RVU:** 4.7 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Result:** Deleted from CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 Deleted from CPT **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 324 **2007 Work RVU:** 0.40 **2013 Work RVU:** **2007 NF PE RVU:** 3.21 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78593 Deleted from CPT **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 3,801 **2007 Work RVU:** 0.49 **2013 Work RVU:** **2007 NF PE RVU:** 3.84 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78594 Deleted from CPT **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,197 **2007 Work RVU:** 0.53 **2013 Work RVU:** **2007 NF PE RVU:** 5.12 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78596 Deleted from CPT **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2010 Medicare Utilization Data:** 7,700 **2007 Work RVU:** 1.27 **2013 Work RVU:** **2007 NF PE RVU:** 7.7 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597	Quantitative differential pulmonary perfusion, including imaging when performed	Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
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Most Recent RUC Meeting: February 2011

Tab 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.75

2007 NF PE RVU:

2013 NF PE RVU: 6.37

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.75

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

78598	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed	Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
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Most Recent RUC Meeting: February 2011

Tab 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.85

2007 NF PE RVU:

2013 NF PE RVU: 9.79

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.85

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Global: XXX	Issue:	Screen: MPC List	Complete? Yes
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Most Recent RUC Meeting: February 2011

Tab 41 **Specialty Developing Recommendation:** ACR, SNM

First Identified: October 2010

2010 Medicare Utilization Data: 495,289

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 0

2013 NF PE RVU: 0.00

2007 Fac PE RVU 0

2013 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

79101	Radiopharmaceutical therapy, by intravenous administration	Global: XXX	Issue: Radiopharmaceutical Therapy	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 31 Specialty Developing Recommendation: SNM, ACR	First Identified: October 2009	2010 Medicare Utilization Data: 2,528	2007 Work RVU: 1.96 2007 NF PE RVU: 2.98 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 1.96 2013 NF PE RVU: 2.18 2013 Fac PE RVU: NA
RUC Recommendation: Article published Feb 2012	CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: Feb 2012		
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	Global: XXX	Issue: Cytopathology	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 17 Specialty Developing Recommendation: AUR, ASC, CAP	First Identified: October 2009	2010 Medicare Utilization Data: 122,243	2007 Work RVU: 0.56 2007 NF PE RVU: 0.93 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.56 2013 NF PE RVU: 1.66 2013 Fac PE RVU: NA
RUC Recommendation: 0.56	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	Global: XXX	Issue: Cytopathology	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 17 Specialty Developing Recommendation: AUR, ASC, CAP	First Identified: February 2010	2010 Medicare Utilization Data: 7,603	2007 Work RVU: 0.56 2007 NF PE RVU: 1.39 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.37 2013 NF PE RVU: 2.12 2013 Fac PE RVU: NA
RUC Recommendation: 0.56	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
88107	Deleted from CPT	Global: XXX	Issue: Cytopathology	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 17 Specialty Developing Recommendation: AUR, ASC, CAP	First Identified: February 2010	2010 Medicare Utilization Data: 5,592	2007 Work RVU: 0.76 2007 NF PE RVU: 1.66 2007 Fac PE RVU: NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: October 2010		

Status Report: CMS Requests and Relativity Assessment Issues

88108 Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique) **Global:** XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 17 **Specialty Developing Recommendation:** AUR, ASC, CAP

First Identified: February 2010

2010 Medicare Utilization Data: 321,955

2007 Work RVU: 0.56

2013 Work RVU: 0.44

2007 NF PE RVU: 1.27

2013 NF PE RVU: 1.86

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.56

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

88112 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

Global: XXX **Issue:** RAW review

Screen: CMS High Expenditure Procedural Codes

Complete? No

Most Recent RUC Meeting: January 2012

Tab 30 **Specialty Developing Recommendation:** CAP

First Identified: September 2011

2010 Medicare Utilization Data: 937,311

2007 Work RVU: 1.18

2013 Work RVU: 1.18

2007 NF PE RVU: 1.85

2013 NF PE RVU: 1.99

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: Survey for April 2013

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

88120

Global: XXX **Issue:** RAW review

Screen: CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34 **Specialty Developing Recommendation:**

First Identified: November 2012

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Global:** XXX **Issue:** RAW review **Screen:** CMS Request Final Rule for 2013 **Complete?** No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

First Identified: November 2012

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

Result:

RUC Recommendation: Review utilization to confirm appropriate shift from 88365, 88367 and 88368 are now in 88120 and 88121.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX

Issue: Pathology Consultations

Screen: Top 9 Harvard / Low Value-Billed in Multiple Units / CMS Request NPRM for 2012

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab 24

Specialty Developing Recommendation: AAD, AGA, CAP, ASGE

First Identified: February 2009

2010 Medicare Utilization Data: 211,051

2007 Work RVU: 0.08

2013 Work RVU: 0.08

2007 NF PE RVU: 0.49

2013 NF PE RVU: 0.33

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX

Issue: Pathology Consultations

Screen: Top 9 Harvard / CMS Request NPRM for 2012

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab 24

Specialty Developing Recommendation: AAD, AGA, CAP, ASGE

First Identified: February 2009

2010 Medicare Utilization Data: 105,697

2007 Work RVU: 0.13

2013 Work RVU: 0.13

2007 NF PE RVU: 1.1

2013 NF PE RVU: 0.76

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity	Global: XXX	Issue: Pathology Consultations	Screen: Top 9 Harvard / Low Value-High Volume / CMS Request NPRM for 2012	Complete? Yes		
Most Recent	Tab 24	Specialty Developing	AAD, AGA,	First	2010 Medicare	2007 Work RVU: 0.22	2013 Work RVU: 0.22
RUC Meeting: January 2012		Recommendation:	CAP, ASGE	Identified: October 2008	Utilization Data: 1,103,248	2007 NF PE RVU: 1.37	2013 NF PE RVU: 1.07
RUC Recommendation: 0.22 and new PE inputs			CPT Action (if applicable):			2007 Fac PE RVU NA	2013 Fac PE RVU: NA
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy			Global: XXX	Issue: Pathology Consultations	Screen: Top 9 Harvard / CMS Request NPRM for 2012	Complete? Yes
Most Recent	Tab 24	Specialty Developing	AAD, AGA,	First	2010 Medicare	2007 Work RVU: 0.75	2013 Work RVU: 0.75
RUC Meeting: January 2012		Recommendation:	CAP, ASGE	Identified: October 2008	Utilization Data: 16,231,440	2007 NF PE RVU: 1.97	2013 NF PE RVU: 1.30
RUC Recommendation: 0.75 and new PE inputs				CPT Action (if applicable):		2007 Fac PE RVU NA	2013 Fac PE RVU: NA
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
						Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

88307 Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse

Global: XXX **Issue:** Pathology Consultations

Screen: Top 9 Harvard / CMS
Request NPRM for 2012

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 24

Specialty Developing
Recommendation: AAD, AGA,
CAP, ASGE

First
Identified: February 2009

2010 Medicare
Utilization Data: 865,568

2007 Work RVU: 1.59

2013 Work RVU: 1.59

2007 NF PE RVU: 3.48

2013 NF PE RVU: 7.10

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.59 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

88309 Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection

Global: XXX **Issue:** Pathology Services

Screen: Top 9 Harvard / CMS
Request NPRM for 2012

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 24

Specialty Developing
Recommendation: AAD, AGA,
CAP, ASGE

First
Identified: February 2009

2010 Medicare
Utilization Data: 164,583

2007 Work RVU: 2.80

2013 Work RVU: 2.80

2007 NF PE RVU: 4.86

2013 NF PE RVU: 10.30

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 2.80 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88312 Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver) **Global:** XXX **Issue:** Special Stains **Screen:** Top 9 Harvard / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab 33 Specialty Developing Recommendation: CAP

First Identified: October 2008

2010 Medicare Utilization Data: 1,366,477

2007 Work RVU: 0.54

2013 Work RVU: 0.54

2007 NF PE RVU: 1.76

2013 NF PE RVU: 2.32

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.54

CPT Action (if applicable): June 2010

Referred to CPT Asst ☐

Published in CPT Asst:

88313 Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry

Global: XXX

Issue: Special Stains

Screen: Top 9 Harvard / Low Value-High Volume

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 33 Specialty Developing Recommendation: CAP

First Identified: October 2008

2010 Medicare Utilization Data: 1,355,127

2007 Work RVU: 0.24

2013 Work RVU: 0.24

2007 NF PE RVU: 1.42

2013 NF PE RVU: 1.73

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.24

CPT Action (if applicable): June 2010

Referred to CPT Asst ☐

Published in CPT Asst:

88314 Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)

Global: XXX

Issue: Special Stains

Screen: Top 9 Harvard

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 33 Specialty Developing Recommendation: CAP

First Identified: February 2009

2010 Medicare Utilization Data: 21,727

2007 Work RVU: 0.45

2013 Work RVU: 0.45

2007 NF PE RVU: 2.04

2013 NF PE RVU: 1.91

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.45

CPT Action (if applicable): June 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88318 Deleted from CPT Global: XXX Issue: Special Stains Screen: Top 9 Harvard Complete? Yes

Most Recent Tab 22 Specialty Developing CAP, AAD First Identified: 2010 Medicare 2007 Work RVU: 0.42 2013 Work RVU:
RUC Meeting: February 2010 Recommendation: Utilization Data: 779 2007 NF PE RVU: 1.98 2013 NF PE RVU:
2007 Fac PE RVU NA 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT CPT Action (if applicable): June 2010 Result: Deleted from CPT
Referred to CPT Asst ☐ Published in CPT Asst:

88319 Special stain including interpretation and report; Group III, for enzyme constituents Global: XXX Issue: Special Stains Screen: Top 9 Harvard Complete? Yes

Most Recent Tab 33 Specialty Developing CAP First Identified: 2010 Medicare 2007 Work RVU: 0.53 2013 Work RVU: 0.53
RUC Meeting: February 2011 Recommendation: Utilization Data: 16,706 2007 NF PE RVU: 3.36 2013 NF PE RVU: 2.00
2007 Fac PE RVU NA 2013 Fac PE RVU: NA
RUC Recommendation: 0.53 CPT Action (if applicable): June 2010 Result: Maintain
Referred to CPT Asst ☐ Published in CPT Asst:

88329 Pathology consultation during surgery; Global: XXX Issue: Pathology Consultation Screen: Harvard Valued - Complete? Yes
During Surgery Utilization over 100,000

Most Recent Tab 18 Specialty Developing CAP First Identified: February 2010 2010 Medicare 2007 Work RVU: 0.67 2013 Work RVU: 0.67
RUC Meeting: October 2010 Recommendation: Utilization Data: 36,148 2007 NF PE RVU: 0.66 2013 NF PE RVU: 0.98
2007 Fac PE RVU 0.27 2013 Fac PE RVU: 0.34
RUC Recommendation: 0.67 CPT Action (if applicable): Result: Maintain
Referred to CPT Asst ☐ Published in CPT Asst:

88331 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen Global: XXX Issue: Pathology Consultation Screen: Harvard Valued - Complete? Yes
During Surgery Utilization over 100,000

Most Recent Tab 18 Specialty Developing CAP First Identified: October 2009 2010 Medicare 2007 Work RVU: 1.19 2013 Work RVU: 1.19
RUC Meeting: October 2010 Recommendation: Utilization Data: 559,730 2007 NF PE RVU: 1.14 2013 NF PE RVU: 1.71
2007 Fac PE RVU NA 2013 Fac PE RVU: NA
RUC Recommendation: 1.19 CPT Action (if applicable): Result: Maintain
Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88332 Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2010 Medicare Utilization Data: 179,613

2007 Work RVU: 0.59

2013 Work RVU: 0.59

2007 NF PE RVU: 0.46

2013 NF PE RVU: 0.67

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.59

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

88342 Immunohistochemistry (including tissue immunoperoxidase), each antibody

Global: XXX

Issue: Immunohistochemistry

Screen: CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab 12 **Specialty Developing Recommendation:** CAP

First Identified: April 2011

2010 Medicare Utilization Data: 3,471,757

2007 Work RVU: 0.85

2013 Work RVU: 0.85

2007 NF PE RVU: 1.6

2013 NF PE RVU: 2.51

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.60

CPT Action (if applicable):

May 2012

Referred to CPT Asst ☐

Published in CPT Asst:

88348 Electron microscopy; diagnostic

Global: XXX

Issue: RAW

Screen: PE Services with Stand-Alone Procedure Time

Complete? No

Most Recent RUC Meeting: October 2012

Tab 27 **Specialty Developing Recommendation:**

First Identified: October 2012

2010 Medicare Utilization Data:

2007 Work RVU: 1.51

2013 Work RVU: 1.51

2007 NF PE RVU: 11.48

2013 NF PE RVU: 19.69

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result:

RUC Recommendation:

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88349 Electron microscopy; scanning

Global: XXX **Issue:** RAW

Screen: PE Services with Stand-Alone Procedure Time

Complete? No

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation:

First Identified: October 2012

2010 Medicare Utilization Data:

2007 Work RVU: 0.76

2013 Work RVU: 0.76

2007 NF PE RVU: 4.88

2013 NF PE RVU: 12.03

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Review PE at October 2013 meeting.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

8834XX

Global:

Issue: Immunohistochemistry

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab 12

Specialty Developing Recommendation: CAP

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: 0.24

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

88365 In situ hybridization (eg, FISH), each probe

Global: XXX **Issue:** RAW Review

Screen: CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation: CAP

First Identified: September 2011

2010 Medicare Utilization Data: 39,017

2007 Work RVU: 1.20

2013 Work RVU: 1.20

2007 NF PE RVU: 2.32

2013 NF PE RVU: 4.00

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Survey for work and PE April 2013.

CPT Action (if applicable):

Referred to CPT Asst ☒

Published in CPT Asst: Dec 2011 & May 2

Result:

Status Report: CMS Requests and Relativity Assessment Issues

88367	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; using computer-assisted technology	Global: XXX	Issue: RAW Review	Screen: CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013	Complete? No
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation: CAP	First Identified: September 2011	2010 Medicare Utilization Data: 503,924	2007 Work RVU: 1.30 2007 NF PE RVU: 4.31 2007 Fac PE RVU NA Result:	2013 Work RVU: 1.30 2013 NF PE RVU: 6.24 2013 Fac PE RVU: NA
RUC Recommendation: Survey for work and PE April 2013.		CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Dec 2011 & May 2	
88368	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative) each probe; manual	Global: XXX	Issue: RAW Review	Screen: CMS Request - NPRM for 2012 / CMS Request Final Rule for 2013	Complete? No
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation: CAP	First Identified: September 2011	2010 Medicare Utilization Data: 346,294	2007 Work RVU: 1.40 2007 NF PE RVU: 2.96 2007 Fac PE RVU NA Result:	2013 Work RVU: 1.40 2013 NF PE RVU: 5.37 2013 Fac PE RVU: NA
RUC Recommendation: Survey for work and PE April 2013.		CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Dec 2011 & May 2	
90465	Deleted from CPT	Global: XXX	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab R Specialty Developing Recommendation: AAP	First Identified: NA	2010 Medicare Utilization Data: 99	2007 Work RVU: 0.17 2007 NF PE RVU: 0.35 2007 Fac PE RVU NA Result: PE Only	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: New PE inputs		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

90467	Deleted from CPT			Global: XXX	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting:	February 2008	Tab R	Specialty Developing Recommendation:	AAP	First Identified: NA	2010 Medicare Utilization Data: 1	2007 Work RVU: 0.17 2007 NF PE RVU: 0.17 2007 Fac PE RVU: 0.09 Result: PE Only
RUC Recommendation:	New PE inputs			CPT Action (if applicable):		Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
				Referred to CPT Asst	<input type="checkbox"/>		

90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)			Global: XXX	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	February 2008	Tab R	Specialty Developing Recommendation:	AAP	First Identified: February 2008	2010 Medicare Utilization Data: 840,272	2007 Work RVU: 0.17 2007 NF PE RVU: 0.35 2007 Fac PE RVU: NA Result: PE Only
RUC Recommendation:	New PE inputs			CPT Action (if applicable):		Published in CPT Asst:	2013 Work RVU: 0.17 2013 NF PE RVU: 0.58 2013 Fac PE RVU: NA
				Referred to CPT Asst	<input type="checkbox"/>		

90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting:	February 2008	Tab R	Specialty Developing Recommendation:	AAP	First Identified: February 2008	2010 Medicare Utilization Data: 33,327	2007 Work RVU: 0.15 2007 NF PE RVU: 0.13 2007 Fac PE RVU: 0.11 Result: PE Only
RUC Recommendation:	New PE inputs			CPT Action (if applicable):		Published in CPT Asst:	2013 Work RVU: 0.15 2013 NF PE RVU: 0.21 2013 Fac PE RVU: NA
				Referred to CPT Asst	<input type="checkbox"/>		

Status Report: CMS Requests and Relativity Assessment Issues

90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab R

Specialty Developing Recommendation: AAP

First Identified: NA

2010 Medicare Utilization Data: 649

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.18

2013 NF PE RVU: 0.58

2007 Fac PE RVU 0.06

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Immunization Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab R

Specialty Developing Recommendation: AAP

First Identified: NA

2010 Medicare Utilization Data: 67

2007 Work RVU: 0.15

2013 Work RVU: 0.15

2007 NF PE RVU: 0.09

2013 NF PE RVU: 0.21

2007 Fac PE RVU 0.05

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

90785 Interactive complexity (List separately in addition to the code for primary procedure)

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 26

Specialty Developing Recommendation: APA, APA (HCPAC), NASW

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.11

2007 NF PE RVU:

2013 NF PE RVU: 0.02

2007 Fac PE RVU

2013 Fac PE RVU: 0.02

Result: Maintain

RUC Recommendation: Carrier Price

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2012

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

90791 Psychiatric diagnostic evaluation

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 26

Specialty Developing
Recommendation: APA, APA
(HCPAC),
NASW

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU: 2.80

2007 NF PE RVU:

2013 NF PE RVU: 1.52

2007 Fac PE RVU

2013 Fac PE RVU: 0.53

RUC Recommendation: 3.00

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

90792 Psychiatric diagnostic evaluation with medical services

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 26

Specialty Developing
Recommendation: APA, APA
(HCPAC),
NASW

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU: 2.96

2007 NF PE RVU:

2013 NF PE RVU: 0.58

2007 Fac PE RVU

2013 Fac PE RVU: 0.48

RUC Recommendation: 3.25

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

90801 Psychiatric diagnostic interview examination

Global: XXX

Issue: RAW review

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing
Recommendation:

First
Identified: September 2011

2010 Medicare
Utilization Data: 1,503,165

2007 Work RVU: 2.80

2013 Work RVU:

2007 NF PE RVU: 1.25

2013 NF PE RVU:

2007 Fac PE RVU 0.85

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 1,504,700

2007 Work RVU: 1.37

2013 Work RVU:

2007 NF PE RVU: 0.53

2013 NF PE RVU:

2007 Fac PE RVU 0.38

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 6,270,189

2007 Work RVU: 1.86

2013 Work RVU:

2007 NF PE RVU: 0.66

2013 NF PE RVU:

2007 Fac PE RVU 0.53

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 397,593

2007 Work RVU: 2.79

2013 Work RVU:

2007 NF PE RVU: 0.94

2013 NF PE RVU:

2007 Fac PE RVU 0.8

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; **Global:** XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2010 Medicare Utilization Data: 1,448,066

2007 Work RVU: 1.89

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0.63

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

90832 Psychotherapy, 30 minutes with patient and/or family member

Global: XXX **Issue:** Psychotherapy

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 26

Specialty Developing Recommendation: APA, APA (HCPAC), NASW

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.25

2007 NF PE RVU:

2013 NF PE RVU: 0.54

2007 Fac PE RVU

2013 Fac PE RVU: 0.14

Result: Increase

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

Global: XXX **Issue:** Psychotherapy

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 26

Specialty Developing Recommendation: APA, APA (HCPAC), NASW

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.98

2007 NF PE RVU:

2013 NF PE RVU: 0.20

2007 Fac PE RVU

2013 Fac PE RVU: 0.19

Result: Increase

RUC Recommendation: 1.50

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90834 Psychotherapy, 45 minutes with patient and/or family member

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

**Most Recent
RUC Meeting:** April 2012

Tab 26

**Specialty Developing
Recommendation:** APA, APA
(HCPAC),
NASW

**First
Identified:**

**2010 Medicare
Utilization Data:**

2007 Work RVU:

2013 Work RVU: 1.89

2007 NF PE RVU:

2013 NF PE RVU: 0.41

2007 Fac PE RVU

2013 Fac PE RVU: 0.20

RUC Recommendation: 2.00

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

90836 Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

**Most Recent
RUC Meeting:** April 2012

Tab 26

**Specialty Developing
Recommendation:** APA, APA
(HCPAC),
NASW

**First
Identified:**

**2010 Medicare
Utilization Data:**

2007 Work RVU:

2013 Work RVU: 1.60

2007 NF PE RVU:

2013 NF PE RVU: 0.32

2007 Fac PE RVU

2013 Fac PE RVU: 0.32

RUC Recommendation: 1.90

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

90837 Psychotherapy, 60 minutes with patient and/or family member

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

**Most Recent
RUC Meeting:** April 2012

Tab 26

**Specialty Developing
Recommendation:** APA, APA
(HCPAC),
NASW

**First
Identified:**

**2010 Medicare
Utilization Data:**

2007 Work RVU:

2013 Work RVU: 2.83

2007 NF PE RVU:

2013 NF PE RVU: 0.53

2007 Fac PE RVU

2013 Fac PE RVU: 0.32

RUC Recommendation: 3.00

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90838 Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure) **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 26

Specialty Developing Recommendation: APA, APA (HCPAC), NASW

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 2.56

2007 NF PE RVU:

2013 NF PE RVU: 0.53

2007 Fac PE RVU

2013 Fac PE RVU: 0.52

RUC Recommendation: 2.50

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90839 Psychotherapy for crisis; first 60 minutes

Global: XXX **Issue:** Psychotherapy

Screen: CMS High Expenditure Procedural Codes

Complete? No

Most Recent RUC Meeting: April 2012

Tab 26

Specialty Developing Recommendation: APA, APA (HCPAC), NASW

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.00

2007 NF PE RVU:

2013 NF PE RVU: 0.00

2007 Fac PE RVU

2013 Fac PE RVU: 0.00

RUC Recommendation: Carrier Price

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Carrier Price

90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Global: XXX **Issue:** Psychotherapy

Screen: CMS High Expenditure Procedural Codes

Complete? No

Most Recent RUC Meeting: April 2012

Tab 26

Specialty Developing Recommendation: APA, APA (HCPAC), NASW

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.00

2007 NF PE RVU:

2013 NF PE RVU: 0.00

2007 Fac PE RVU

2013 Fac PE RVU: 0.00

RUC Recommendation: Carrier Price

CPT Action (if applicable): February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Carrier Price

Status Report: CMS Requests and Relativity Assessment Issues

90845	Psychoanalysis			Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: October 2011	Tab	Specialty Developing Recommendation:		First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 1.79 2007 NF PE RVU: 0.53 2007 Fac PE RVU: 0.49	2013 Work RVU: 1.79 2013 NF PE RVU: 0.34 2013 Fac PE RVU: 0.33
RUC Recommendation: 2.10				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase	

90846	Family psychotherapy (without the patient present)			Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 1.83 2007 NF PE RVU: 0.62 2007 Fac PE RVU: 0.60	2013 Work RVU: 1.83 2013 NF PE RVU: 0.27 2013 Fac PE RVU: 0.40
RUC Recommendation: 2.40				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Increase	

90847	Family psychotherapy (conjoint psychotherapy) (with patient present)			Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2.21 2007 NF PE RVU: 0.8 2007 Fac PE RVU: 0.69	2013 Work RVU: 2.21 2013 NF PE RVU: 0.31 2013 Fac PE RVU: 0.42
RUC Recommendation: 2.50				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Increase	

90853	Group psychotherapy (other than of a multiple-family group)			Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.59 2007 NF PE RVU: 0.26 2007 Fac PE RVU: 0.22	2013 Work RVU: 0.59 2013 NF PE RVU: 0.10 2013 Fac PE RVU: 0.10
RUC Recommendation: 0.59				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy **Global:** XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2010 Medicare Utilization Data:** 5,348,548 **2007 Work RVU:** 0.95 **2013 Work RVU:** **2007 NF PE RVU:** 0.46 **2013 NF PE RVU:** **2007 Fac PE RVU:** 0.31 **2013 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **CPT Action (if applicable):** February 2012 **Result:** Deleted from CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) **Global:** XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab** 55 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 0.00 **2007 NF PE RVU:** **2013 NF PE RVU:** 0.00 **2007 Fac PE RVU:** **2013 Fac PE RVU:** 0.00 **RUC Recommendation:** Carrier Price **CPT Action (if applicable):** February 2012 **Result:** Carrier Price **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90870 Electroconvulsive therapy (includes necessary monitoring) **Global:** 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2010 Medicare Utilization Data:** 135,045 **2007 Work RVU:** 1.88 **2013 Work RVU:** 2.50 **2007 NF PE RVU:** 1.93 **2013 NF PE RVU:** 2.65 **2007 Fac PE RVU:** 0.54 **2013 Fac PE RVU:** 0.57 **RUC Recommendation:** 2.50 **CPT Action (if applicable):** **Result:** Increase **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional	Global: 000	Issue: Hemodialysis-Dialysis Services	Screen: Top 9 Harvard	Complete? Yes
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Most Recent RUC Meeting: October 2009	Tab 30	Specialty Developing Recommendation:	RPA
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First Identified: October 2008

2010 Medicare Utilization Data: 1,367,649
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2007 Work RVU: 1.22
2007 NF PE RVU: NA
2007 Fac PE RVU 0.64
Result: Increase

2013 Work RVU: 1.48
2013 NF PE RVU: NA
2013 Fac PE RVU: 0.53

RUC Recommendation: 1.48

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	Global: 000	Issue: Hemodialysis-Dialysis Services	Screen: Top 9 Harvard	Complete? Yes
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Most Recent RUC Meeting: October 2009	Tab 30	Specialty Developing Recommendation:	RPA
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First Identified: February 2009
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2010 Medicare Utilization Data: 90,344

2007 Work RVU: 2.11
2007 NF PE RVU: NA
2007 Fac PE RVU 0.93
Result: Maintain

2013 Work RVU: 2.11
2013 NF PE RVU: NA
2013 Fac PE RVU: 0.77

RUC Recommendation: 2.11

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional	Global: 000	Issue: Hemodialysis-Dialysis Services	Screen: Top 9 Harvard	Complete? Yes
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Most Recent RUC Meeting: October 2009	Tab 30	Specialty Developing Recommendation:	RPA
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First Identified: February 2009
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2010 Medicare Utilization Data: 127,219
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2007 Work RVU: 1.28
2007 NF PE RVU: NA
2007 Fac PE RVU 0.66
Result: Increase

2013 Work RVU: 1.56
2013 NF PE RVU: NA
2013 Fac PE RVU: 0.85

RUC Recommendation: 1.56

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

90947 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluation by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Top 9 Harvard **Complete?** Yes

Most Recent **Tab** 30 **Specialty Developing** RPA
RUC Meeting: October 2009 **Recommendation:**

First
Identified: February 2009

2010 Medicare
Utilization Data: 16,160

2007 Work RVU: 2.16

2013 Work RVU: 2.52

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 0.94

2013 Fac PE RVU: 0.91

RUC Recommendation: 2.52

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

90951 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

Global: XXX

Issue: End-Stage Renal Disease

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent **Tab** 29 **Specialty Developing** RPA
RUC Meeting: April 2009 **Recommendation:**

First
Identified: February 2009

2010 Medicare
Utilization Data: 50

2007 Work RVU:

2013 Work RVU: 18.46

2007 NF PE RVU:

2013 NF PE RVU: 7.36

2007 Fac PE RVU

2013 Fac PE RVU: 7.36

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

90952 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month

Global: XXX

Issue: End-Stage Renal Disease

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent **Tab** 29 **Specialty Developing** RPA
RUC Meeting: April 2009 **Recommendation:**

First
Identified: February 2009

2010 Medicare
Utilization Data: 9

2007 Work RVU:

2013 Work RVU: 0.00

2007 NF PE RVU:

2013 NF PE RVU: 0.00

2007 Fac PE RVU

2013 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2010 Medicare Utilization Data: 20	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: RUC Recommended revised clinical staff time		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2010 Medicare Utilization Data: 448	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 15.98 2013 NF PE RVU: 6.47 2013 Fac PE RVU: 6.47
RUC Recommendation: RUC Recommended revised clinical staff time		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2010 Medicare Utilization Data: 96	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 8.79 2013 NF PE RVU: 3.90 2013 Fac PE RVU: 3.90
RUC Recommendation: RUC Recommended revised clinical staff time		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2010 Medicare Utilization Data: 166	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 5.95 2013 NF PE RVU: 2.88 2013 Fac PE RVU: 2.88
RUC Recommendation: RUC Recommended revised clinical staff time	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2010 Medicare Utilization Data: 3,087	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 12.52 2013 NF PE RVU: 5.36 2013 Fac PE RVU: 5.36
RUC Recommendation: RUC Recommended revised clinical staff time	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2010 Medicare Utilization Data: 931	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2013 Work RVU: 8.34 2013 NF PE RVU: 3.83 2013 Fac PE RVU: 3.83
RUC Recommendation: RUC Recommended revised clinical staff time	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

90959 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009 **Tab 29** **Specialty Developing** RPA
Recommendation:

First
Identified: February 2009

2010 Medicare
Utilization Data: 592

2007 Work RVU: **2013 Work RVU:** 5.50

2007 NF PE RVU: **2013 NF PE RVU:** 2.78

2007 Fac PE RVU **2013 Fac PE RVU:** 2.78

Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

90960 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009 **Tab 29** **Specialty Developing** RPA
Recommendation:

First
Identified: February 2009

2010 Medicare
Utilization Data: 2,094,884

2007 Work RVU: **2013 Work RVU:** 5.18

2007 NF PE RVU: **2013 NF PE RVU:** 2.79

2007 Fac PE RVU **2013 Fac PE RVU:** 2.79

Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

90961 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009 **Tab 29** **Specialty Developing** RPA
Recommendation:

First
Identified: February 2009

2010 Medicare
Utilization Data: 622,643

2007 Work RVU: **2013 Work RVU:** 4.26

2007 NF PE RVU: **2013 NF PE RVU:** 2.46

2007 Fac PE RVU **2013 Fac PE RVU:** 2.46

Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

90962 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2010 Medicare Utilization Data: 187,916

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: PE Only
2013 Work RVU: 3.15
2013 NF PE RVU: 2.06
2013 Fac PE RVU: 2.06

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

90963 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2010 Medicare Utilization Data: 373

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: PE Only
2013 Work RVU: 10.56
2013 NF PE RVU: 4.62
2013 Fac PE RVU: 4.62

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

90964 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2010 Medicare Utilization Data: 849

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: PE Only
2013 Work RVU: 9.14
2013 NF PE RVU: 4.10
2013 Fac PE RVU: 4.10

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

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90965 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009

Tab 29 **Specialty Developing** RPA
Recommendation:

First
Identified: February 2009

2010 Medicare
Utilization Data: 1,925

2007 Work RVU: 2013 Work RVU: 8.69
2007 NF PE RVU: 2013 NF PE RVU: 3.90
2007 Fac PE RVU 2013 Fac PE RVU: 3.90
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

90966 End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009

Tab 29 **Specialty Developing** RPA
Recommendation:

First
Identified: February 2009

2010 Medicare
Utilization Data: 222,157

2007 Work RVU: 2013 Work RVU: 4.26
2007 NF PE RVU: 2013 NF PE RVU: 2.45
2007 Fac PE RVU 2013 Fac PE RVU: 2.45
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

91038 Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) **Global:** 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: February 2010

Tab 23 **Specialty Developing** AGA, ASGE
Recommendation:

First
Identified: February 2010

2010 Medicare
Utilization Data: 1,952

2007 Work RVU: 1.10 2013 Work RVU: 1.10
2007 NF PE RVU: 2.36 2013 NF PE RVU: 13.35
2007 Fac PE RVU 2.36 2013 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

91132	Electrogastrography, diagnostic, transcutaneous;	Global: XXX	Issue: Electrogastrography	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 24	Specialty Developing Recommendation: AGA, ACG, ASGE	First Identified:	2010 Medicare Utilization Data: 46	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: PE Only
RUC Recommendation: New PE Inputs			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.52 2013 NF PE RVU: 4.42 2013 Fac PE RVU: NA

91133	Electrogastrography, diagnostic, transcutaneous; with provocative testing	Global: XXX	Issue: Electrogastrography	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 24	Specialty Developing Recommendation: AGA, ACG, ASGE	First Identified:	2010 Medicare Utilization Data: 43	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: PE Only
RUC Recommendation: New PE Inputs			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.66 2013 NF PE RVU: 5.03 2013 Fac PE RVU: NA

92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	Global: XXX	Issue: Visual Field Examination	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 42	Specialty Developing Recommendation: AAO, AOA (optometric)	First Identified: October 2009	2010 Medicare Utilization Data: 117,269	2007 Work RVU: 0.36 2007 NF PE RVU: 0.95 2007 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.30			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.30 2013 NF PE RVU: 0.88 2013 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	Global: XXX	Issue: Visual Field Examination	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 42	Specialty Developing Recommendation: AAO, AOA (optometric)	First Identified: October 2009	2010 Medicare Utilization Data: 176,773	2007 Work RVU: 0.44 2007 NF PE RVU: 1.26 2007 Fac PE RVU Result: NA 2013 Work RVU: 0.40 2013 NF PE RVU: 1.47 2013 Fac PE RVU: NA
RUC Recommendation: 0.40			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	Global: XXX	Issue: Visual Field Examination	Screen: MPC List / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 46	Specialty Developing Recommendation: AAO, AOA (optometric)	First Identified: October 2010	2010 Medicare Utilization Data: 2,608,270	2007 Work RVU: 0.50 2007 NF PE RVU: 1.46 2007 Fac PE RVU Result: NA 2013 Work RVU: 0.50 2013 NF PE RVU: 1.34 2013 Fac PE RVU: NA
RUC Recommendation: 0.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	Global: XXX	Issue: Serial Tonometry	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 36	Specialty Developing Recommendation: AAO, AOA (optometric)	First Identified: April 2011	2010 Medicare Utilization Data: 34,069	2007 Work RVU: 0.92 2007 NF PE RVU: 1.33 2007 Fac PE RVU Result: 0.35 2013 Work RVU: 0.61 2013 NF PE RVU: 1.77 2013 Fac PE RVU: 0.35
RUC Recommendation: 0.61			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010	Tab 23	Specialty Developing Recommendation: AAO, AOA (eye)	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU: 0.50
					2007 NF PE RVU:	2013 NF PE RVU: 0.79
					2007 Fac PE RVU Result: Decrease	2013 Fac PE RVU: NA
RUC Recommendation: 0.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010	Tab 23	Specialty Developing Recommendation: AAO, AOA (eye)	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU:	2013 Work RVU: 0.50
					2007 NF PE RVU:	2013 NF PE RVU: 0.82
					2007 Fac PE RVU Result: Decrease	2013 Fac PE RVU: NA
RUC Recommendation: 0.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

92135 Deleted from CPT **Global:** XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009	Tab 31	Specialty Developing Recommendation: AAO, AOA	First Identified: October 2008	2010 Medicare Utilization Data: 10,033,241	2007 Work RVU: 0.35	2013 Work RVU:
					2007 NF PE RVU: 0.79	2013 NF PE RVU:
					2007 Fac PE RVU NA	2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation **Global:** XXX **Issue:** Ophthalmologic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 38 **Specialty Developing** AAO, AOA, **First** **2010 Medicare** **2007 Work RVU:** 0.54 **2013 Work RVU:** 0.54
RUC Meeting: February 2009 **Recommendation:** ASCRS **Identified:** October 2008 **Utilization Data:** 1,198,737 **2007 NF PE RVU:** 1.6 **2013 NF PE RVU:** 2.18

2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Remove from Screen

92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report **Global:** XXX **Issue:** Fluorescein Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent **Tab** 26 **Specialty Developing** AAO **First** **2010 Medicare** **2007 Work RVU:** 0.81 **2013 Work RVU:** 0.81
RUC Meeting: January 2012 **Recommendation:** **Identified:** April 2011 **Utilization Data:** 1,472,186 **2007 NF PE RVU:** 2.54 **2013 NF PE RVU:** 2.92

2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
RUC Recommendation: 0.81 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

92250 Fundus photography with interpretation and report **Global:** XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 41 **Specialty Developing** **First** **2010 Medicare** **2007 Work RVU:** 0.44 **2013 Work RVU:** 0.44
RUC Meeting: February 2011 **Recommendation:** **Identified:** October 2010 **Utilization Data:** 2,162,922 **2007 NF PE RVU:** 1.48 **2013 NF PE RVU:** 1.93

2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
RUC Recommendation: Reaffirmed RUC recommendation **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92270	Electro-oculography with interpretation and report	Global: XXX	Issue: Electro-oculography	Screen: High Volume Growth	Complete? No
Most Recent RUC Meeting: September 2011	Tab 51 Specialty Developing Recommendation:	AAO-HNS	First Identified: February 2008	2010 Medicare Utilization Data: 15,917	2007 Work RVU: 0.81 2013 Work RVU: 0.81 2007 NF PE RVU: 1.5 2013 NF PE RVU: 1.90 2007 Fac PE RVU NA 2013 Fac PE RVU: NA Result:
RUC Recommendation: Review September 2013. CPT Assistant article published.		CPT Action (if applicable):			
		Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: Aug 2008 and Q&A	
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereo-photography)	Global: XXX	Issue: Ocular Photography	Screen: CMS Fastest Growing, Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab 32 Specialty Developing Recommendation:	AAO, AOA	First Identified: October 2008	2010 Medicare Utilization Data: 305,350	2007 Work RVU: 0.20 2013 Work RVU: 0.05 2007 NF PE RVU: 0.95 2013 NF PE RVU: 0.56 2007 Fac PE RVU NA 2013 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.05 and new PE inputs		CPT Action (if applicable): February 2010			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	Global: XXX	Issue: Anterior Segment Imaging	Screen: Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 28 Specialty Developing Recommendation:	AAO, AOA (optometric)	First Identified: April 2011	2010 Medicare Utilization Data: 113,864	2007 Work RVU: 0.66 2013 Work RVU: 0.40 2007 NF PE RVU: 2.83 2013 NF PE RVU: 0.65 2007 Fac PE RVU NA 2013 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.40		CPT Action (if applicable): October 2011			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	Global: XXX	Issue: Anterior Segment Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? No
Most Recent RUC Meeting: April 2012	Tab 28	Specialty Developing Recommendation: AAO, AOA (optometric)	First Identified:	2010 Medicare Utilization Data: 2,958	2007 Work RVU: 0.81 2007 NF PE RVU: 2.28 2007 Fac PE RVU: 0.31 2013 Work RVU: 0.81 2013 NF PE RVU: 2.97 2013 Fac PE RVU: 0.54
RUC Recommendation: Refer to CPT Asst.			CPT Action (if applicable): October 2011	Published in CPT Asst:	Result:
			Referred to CPT Asst <input checked="" type="checkbox"/>		
<hr/>					
92504	Binocular microscopy (separate diagnostic procedure)	Global: XXX	Issue: Binocular Microscopy	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 43	Specialty Developing Recommendation: AAO-HNS	First Identified: October 2009	2010 Medicare Utilization Data: 178,730	2007 Work RVU: 0.18 2007 NF PE RVU: 0.51 2007 Fac PE RVU: 0.08 2013 Work RVU: 0.18 2013 NF PE RVU: 0.74 2013 Fac PE RVU: 0.09
RUC Recommendation: 0.18			CPT Action (if applicable):	Published in CPT Asst:	Result: Maintain
			Referred to CPT Asst <input type="checkbox"/>		
<hr/>					
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2010 Medicare Utilization Data: 20,249	2007 Work RVU: 0.86 2007 NF PE RVU: 2.76 2007 Fac PE RVU: 0.36 2013 Work RVU: 0.86 2013 NF PE RVU: 5.47 2013 Fac PE RVU: NA
RUC Recommendation: Deleted from CPT.			CPT Action (if applicable): October 2012	Published in CPT Asst:	Result: Deleted from CPT
			Referred to CPT Asst <input type="checkbox"/>		

Status Report: CMS Requests and Relativity Assessment Issues

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2010 Medicare Utilization Data: 82,310	2007 Work RVU: 0.52 2007 NF PE RVU: 1.13 2007 Fac PE RVU: 0.21 2013 Work RVU: 1.30 2013 NF PE RVU: 0.72 2013 Fac PE RVU: NA
RUC Recommendation: 1.30 work RVU and clinical staff time removed			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
<hr/>					
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 28	Specialty Developing Recommendation: ASHA	First Identified:	2010 Medicare Utilization Data: 710	2007 Work RVU: 0.26 2007 NF PE RVU: 0.51 2007 Fac PE RVU: 0.11 2013 Work RVU: 0.33 2013 NF PE RVU: 0.27 2013 Fac PE RVU: NA
RUC Recommendation: 0.43 work RVU and clinical staff time removed			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
<hr/>					
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Global: XXX	Issue: Speech Language Pathology Services (HCPAC)	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 39	Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2010 Medicare Utilization Data: 26,466	2007 Work RVU: 0.55 2007 NF PE RVU: 1.65 2007 Fac PE RVU: 0.19 2013 Work RVU: 1.34 2013 NF PE RVU: 0.86 2013 Fac PE RVU: NA
RUC Recommendation: 1.34 work RVU and clinical staff time removed			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	Global: XXX	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 22	Specialty Developing Recommendation: AAN, ASHA, AAO-HNS, AAA	First Identified:	2010 Medicare Utilization Data: 93,845	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 1.50 2013 NF PE RVU: 1.41 2013 Fac PE RVU: NA
RUC Recommendation: 1.50			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	Global: XXX	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 22	Specialty Developing Recommendation: ASHA, AAO-HNS, AAN	First Identified: February 2008	2010 Medicare Utilization Data: 38,587	2007 Work RVU: 0.40 2007 NF PE RVU: 1.05 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 0.40 2013 NF PE RVU: 0.47 2013 Fac PE RVU: NA
RUC Recommendation: 0.40 work RVU and clinical staff time removed			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
92542	Positional nystagmus test, minimum of 4 positions, with recording	Global: XXX	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 22	Specialty Developing Recommendation: ASHA, AAO-HNS, AAN	First Identified: February 2008	2010 Medicare Utilization Data: 18,687	2007 Work RVU: 0.33 2007 NF PE RVU: 1.16 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 0.33 2013 NF PE RVU: 0.44 2013 Fac PE RVU: NA
RUC Recommendation: 0.33 work RVU and clinical staff time removed			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab 22

Specialty Developing Recommendation: ASHA, AAO-HNS, AAN

First Identified: February 2008

2010 Medicare Utilization Data: 392,675

2007 Work RVU: 0.10

2013 Work RVU: 0.10

2007 NF PE RVU: 0.59

2013 NF PE RVU: 0.36

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.10 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab 22

Specialty Developing Recommendation: ASHA, AAO-HNS, AAN

First Identified: February 2008

2010 Medicare Utilization Data: 5,133

2007 Work RVU: 0.26

2013 Work RVU: 0.26

2007 NF PE RVU: 0.93

2013 NF PE RVU: 0.41

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.26 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 Oscillating tracking test, with recording **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab 22

Specialty Developing Recommendation: ASHA, AAO-HNS, AAN

First Identified: February 2008

2010 Medicare Utilization Data: 6,326

2007 Work RVU: 0.23

2013 Work RVU: 0.23

2007 NF PE RVU: 0.85

2013 NF PE RVU: 0.36

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.23 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92550 Tympanometry and reflex threshold measurements

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported
Together 95% or More

Complete? Yes

Most Recent
RUC Meeting: April 2009

Tab 22

Specialty Developing
Recommendation:

ASHA, AAO-
HNS, AAA

First
Identified:

2010 Medicare
Utilization Data: 240,268

2007 Work RVU:

2013 Work RVU: 0.35

2007 NF PE RVU:

2013 NF PE RVU: 0.25

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.35

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported
Together 95% or More

Complete? Yes

Most Recent
RUC Meeting: April 2009

Tab 22

Specialty Developing
Recommendation:

ASHA, AAO-
HNS, AAN

First
Identified: February 2008

2010 Medicare
Utilization Data: 1,090,191

2007 Work RVU: 0.00

2013 Work RVU: 0.60

2007 NF PE RVU: 1.21

2013 NF PE RVU: 0.47

2007 Fac PE RVU NA

2013 Fac PE RVU: 0.31

RUC Recommendation: 0.60 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2009

Published in CPT Asst:

Result: Decrease

92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

Global: XXX

Issue: Otoacoustic Emissions
Measurement

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: April 2011

Tab 35

Specialty Developing
Recommendation:

ASHA

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.00

2007 NF PE RVU:

2013 NF PE RVU: 0.00

2007 Fac PE RVU

2013 Fac PE RVU: 0.00

RUC Recommendation: 0.17

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2011

Published in CPT Asst:

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92567 Tympanometry (impedance testing)

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported
Together 95% or More /
Low Value-High Volume

Complete? Yes

Most Recent
RUC Meeting: April 2009

Tab 22

Specialty Developing
Recommendation: ASHA, AAO-
HNS, AAN

First
Identified: February 2008

2010 Medicare
Utilization Data: 654,991

2007 Work RVU: 0.00

2013 Work RVU: 0.20

2007 NF PE RVU: 0.51

2013 NF PE RVU: 0.21

2007 Fac PE RVU NA

2013 Fac PE RVU: 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92568 Acoustic reflex testing, threshold

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported
Together 95% or More

Complete? Yes

Most Recent
RUC Meeting: April 2009

Tab 22

Specialty Developing
Recommendation: ASHA, AAO-
HNS, AAN

First
Identified: February 2008

2010 Medicare
Utilization Data: 73,776

2007 Work RVU: 0.00

2013 Work RVU: 0.29

2007 NF PE RVU: 0.32

2013 NF PE RVU: 0.15

2007 Fac PE RVU NA

2013 Fac PE RVU: 0.15

RUC Recommendation: 0.29 work RVU and clinical staff time removed

CPT Action (if applicable): February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92569 Deleted from CPT

Global: XXX

Issue: Bundled Audiology Tests

Screen: Codes Reported
Together 95% or More

Complete? Yes

Most Recent
RUC Meeting: April 2009

Tab 22

Specialty Developing
Recommendation: ASHA, AAO-
HNS, AAN

First
Identified: February 2008

2010 Medicare
Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0.35

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	Global: XXX	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2009

Tab 22

Specialty Developing Recommendation: ASHA, AAO-HNS, AAA

First Identified:

2010 Medicare Utilization Data: 69,432

2007 Work RVU:

2013 Work RVU: 0.55

2007 NF PE RVU:

2013 NF PE RVU: 0.36

2007 Fac PE RVU

2013 Fac PE RVU: 0.29

RUC Recommendation: 0.55

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

Global: XXX

Issue: Otoacoustic Emissions Measurement

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 35

Specialty Developing Recommendation: ASHA

First Identified: October 2008

2010 Medicare Utilization Data: 62,488

2007 Work RVU: 0.13

2013 Work RVU: 0.35

2007 NF PE RVU: 1.19

2013 NF PE RVU: 0.25

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.45

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2010

Published in CPT Asst:

Result: Increase

92588 Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

Global: XXX

Issue: Otoacoustic Emissions Measurement

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 35

Specialty Developing Recommendation: ASHA

First Identified:

2010 Medicare Utilization Data: 138,056

2007 Work RVU: 0.36

2013 Work RVU: 0.55

2007 NF PE RVU: 1.48

2013 NF PE RVU: 0.39

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.60

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2011

Published in CPT Asst:

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Global: XXX	Issue: Speech Language Pathology Services (RUC)	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
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Most Recent RUC Meeting: February 2009	Tab 30	Specialty Developing Recommendation: ASHA
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First Identified: NA

2010 Medicare Utilization Data: 2,619
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2007 Work RVU: 0.86

2013 Work RVU: 1.26

2007 NF PE RVU: 1.69

2013 NF PE RVU: 0.70

2007 Fac PE RVU 0.4

2013 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed
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CPT Action (if applicable):

Referred to CPT Asst <input type="checkbox"/>
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Published in CPT Asst:

Result: Decrease

925XX1

Global:

Issue: Speech Evaluation

Screen: CMS Request/Speech Language Pathology Request
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Complete? Yes

Most Recent RUC Meeting: January 2013
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Tab 32	Specialty Developing Recommendation: ASHA
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First Identified:

2010 Medicare Utilization Data:
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2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: 1.75

CPT Action (if applicable):

Referred to CPT Asst <input type="checkbox"/>
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October 2012

Published in CPT Asst:

Result: Increase

925XX2

Global:

Issue: Speech Evaluation

Screen: CMS Request/Speech Language Pathology Request
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Complete? Yes

Most Recent RUC Meeting: January 2013
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Tab 32	Specialty Developing Recommendation: ASHA
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First Identified:

2010 Medicare Utilization Data:
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2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: 1.50

CPT Action (if applicable):

Referred to CPT Asst <input type="checkbox"/>
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October 2012

Published in CPT Asst:

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

925XX3

Global:

Issue: Speech Evaluation

Screen: CMS Request/Speech
Language Pathology
Request

Complete? Yes

Most Recent
RUC Meeting: January 2013

Tab 32

Specialty Developing
Recommendation: ASHA

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: 3.36

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result: Increase

925XX4

Global:

Issue: Speech Evaluation

Screen: CMS Request/Speech
Language Pathology
Request

Complete? Yes

Most Recent
RUC Meeting: January 2013

Tab 32

Specialty Developing
Recommendation: ASHA

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU:

2013 Work RVU:

2007 NF PE RVU:

2013 NF PE RVU:

2007 Fac PE RVU

2013 Fac PE RVU:

RUC Recommendation: 1.75

CPT Action (if applicable):
Referred to CPT Asst ☐

October 2012
Published in CPT Asst:

Result: Increase

92605 Evaluation for prescription of non-speech-generating augmentative and
alternative communication device, face-to-face with the patient; first hour

Global: XXX

Issue: Eval of Rx for Non-Speech
Generating Device

Screen: CMS Request/Speech
Language Pathology
Request

Complete? Yes

Most Recent
RUC Meeting: April 2011

Tab 35

Specialty Developing
Recommendation: ASHA

First
Identified:

2010 Medicare
Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 1.75

2007 NF PE RVU: 0

2013 NF PE RVU: 0.83

2007 Fac PE RVU 0

2013 Fac PE RVU: 0.71

RUC Recommendation: 1.75

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2011
Published in CPT Asst:

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92606 Therapeutic service(s) for the use of non-speech-generating device, including programming and modification **Global:** XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 28 Specialty Developing Recommendation: ASHA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU: 0.00

2013 Work RVU: 1.40

2007 NF PE RVU: 0

2013 NF PE RVU: 0.92

2007 Fac PE RVU: 0

2013 Fac PE RVU: 0.56

RUC Recommendation: 1.40 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92607 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour

Global: XXX

Issue: Speech Language Pathology Services

Screen: CMS Request/Speech Language Pathology Request

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 28 Specialty Developing Recommendation: ASHA

First Identified:

2010 Medicare Utilization Data: 362

2007 Work RVU: 0.00

2013 Work RVU: 1.85

2007 NF PE RVU: 3.38

2013 NF PE RVU: 1.55

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92608 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Speech Language Pathology Services

Screen: CMS Request/Speech Language Pathology Request

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 28 Specialty Developing Recommendation: ASHA

First Identified:

2010 Medicare Utilization Data: 140

2007 Work RVU: 0.00

2013 Work RVU: 0.70

2007 NF PE RVU: 0.63

2013 NF PE RVU: 0.66

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92609 Therapeutic services for the use of speech-generating device, including programming and modification **Global:** XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 28

Specialty Developing Recommendation: ASHA

First Identified:

2010 Medicare Utilization Data: 2,844

2007 Work RVU: 0.00

2013 Work RVU: 1.50

2007 NF PE RVU: 1.77

2013 NF PE RVU: 1.32

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

92610 Evaluation of oral and pharyngeal swallowing function

Global: XXX

Issue: Speech Language Pathology Services (RUC)

Screen: CMS Request/Speech Language Pathology Request

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 30

Specialty Developing Recommendation: ASHA, AAO-HNS

First Identified: NA

2010 Medicare Utilization Data: 11,392

2007 Work RVU: 0.00

2013 Work RVU: 1.30

2007 NF PE RVU: 2.98

2013 NF PE RVU: 0.92

2007 Fac PE RVU NA

2013 Fac PE RVU: 0.60

Result: Decrease

RUC Recommendation: 1.30 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording

Global: XXX

Issue: Speech Language Pathology Services (HCPAC)

Screen: CMS Request/Speech Language Pathology Request

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 39

Specialty Developing Recommendation: ASHA

First Identified: NA

2010 Medicare Utilization Data: 7,976

2007 Work RVU: 0.00

2013 Work RVU: 1.34

2007 NF PE RVU: 3.04

2013 NF PE RVU: 1.15

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.34 work RVU and clinical staff time removed

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

92618 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 35 **Specialty Developing Recommendation:** ASHA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.65

2007 NF PE RVU:

2013 NF PE RVU: 0.28

2007 Fac PE RVU

2013 Fac PE RVU: 0.26

RUC Recommendation: 0.65

CPT Action (if applicable):

February 2011

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

92620 Evaluation of central auditory function, with report; initial 60 minutes

Global: XXX

Issue: Audiology Services

Screen: CMS Request - Audiology Services

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2010 Medicare Utilization Data: 1,254

2007 Work RVU: 0.00

2013 Work RVU: 1.50

2007 NF PE RVU: 1.32

2013 NF PE RVU: 1.15

2007 Fac PE RVU NA

2013 Fac PE RVU: 0.84

RUC Recommendation: 1.50

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

92621 Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Audiology Services

Screen: CMS Request - Audiology Services

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2010 Medicare Utilization Data: 38

2007 Work RVU: 0.00

2013 Work RVU: 0.35

2007 NF PE RVU: 0.29

2013 NF PE RVU: 0.29

2007 Fac PE RVU NA

2013 Fac PE RVU: 0.19

RUC Recommendation: 0.35

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 5,764 **2007 Work RVU:** 0.00 **2013 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2013 NF PE RVU:** 0.82
2007 Fac PE RVU: 1.30 **2013 Fac PE RVU:** 0.60
Result: Decrease

RUC Recommendation: 1.15 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 14,127 **2007 Work RVU:** 0.00 **2013 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2013 NF PE RVU:** 1.16
2007 Fac PE RVU: NA **2013 Fac PE RVU:** 0.75
Result: Decrease

RUC Recommendation: 1.40 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 3,366 **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2013 NF PE RVU:** 0.29
2007 Fac PE RVU: 0.52 **2013 Fac PE RVU:** 0.17
Result: Decrease

RUC Recommendation: 0.33 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2010 Medicare Utilization Data:** 14 **2007 Work RVU:** 0.00 **2013 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2013 NF PE RVU:** 1.49
2007 Fac PE RVU: 1.40 **2013 Fac PE RVU:** 0.94
Result: Decrease

RUC Recommendation: 1.76 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 10.10
2007 NF PE RVU: **2013 NF PE RVU:** NA
2007 Fac PE RVU Result: Decrease **2013 Fac PE RVU:** 3.69

RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 0.00
2007 NF PE RVU: **2013 NF PE RVU:** 0.00
2007 Fac PE RVU Result: Decrease **2013 Fac PE RVU:** 0.00

RUC Recommendation: 4.00 **CPT Action (if applicable):** October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 11.99
2007 NF PE RVU: **2013 NF PE RVU:** NA
2007 Fac PE RVU Result: Decrease **2013 Fac PE RVU:** 4.39

RUC Recommendation: 11.00 **CPT Action (if applicable):** October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 0.00
2007 NF PE RVU: **2013 NF PE RVU:** 0.00
2007 Fac PE RVU Result: Decrease **2013 Fac PE RVU:** 0.00

RUC Recommendation: 5.00 **CPT Action (if applicable):** October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Decrease

2013 Work RVU: 11.21
2013 NF PE RVU: NA
2013 Fac PE RVU: 4.08

RUC Recommendation: 10.49

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Percutaneous Coronary Intervention

Screen: MPC List

Complete? Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Decrease

2013 Work RVU: 0.00
2013 NF PE RVU: 0.00
2013 Fac PE RVU: 0.00

RUC Recommendation: 4.44

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch

Global: 000

Issue: Percutaneous Coronary Intervention

Screen: MPC List

Complete? Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Decrease

2013 Work RVU: 12.54
2013 NF PE RVU: NA
2013 Fac PE RVU: 4.57

RUC Recommendation: 12.32

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: 5.50		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
<hr/>					
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 11.20 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.08
RUC Recommendation: 10.49		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
<hr/>					
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: 6.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 12.56 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.58
RUC Recommendation: 12.32		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 12.56 2013 NF PE RVU: NA 2013 Fac PE RVU: 4.58
RUC Recommendation: 12.32		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: 6.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

92960	Cardioversion, elective, electrical conversion of arrhythmia; external	Global: 000	Issue: Cardioversion	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 19	Specialty Developing Recommendation: ACC	First Identified: October 2009	2010 Medicare Utilization Data: 135,541	2007 Work RVU: 2.25 2007 NF PE RVU: 5.83 2007 Fac PE RVU: 1.25 Result: Maintain
RUC Recommendation: 2.25			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2.25 2013 NF PE RVU: 3.65 2013 Fac PE RVU: 1.13

92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10	Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data: 322,682	2007 Work RVU: 14.82 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.65 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:

92981	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10	Specialty Developing Recommendation: ACC	First Identified: October 2010	2010 Medicare Utilization Data: 38,315	2007 Work RVU: 4.16 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.80 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:

Status Report: CMS Requests and Relativity Assessment Issues

92982 Percutaneous transluminal coronary balloon angioplasty; single vessel **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data: 26,848

2007 Work RVU: 10.96

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 4.97

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011

Referred to CPT Asst ☐

Published in CPT Asst:

92984 Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Percutaneous Coronary Intervention

Screen: MPC List

Complete? Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data: 7,153

2007 Work RVU: 2.97

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 1.28

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011

Referred to CPT Asst ☐

Published in CPT Asst:

92986 Percutaneous balloon valvuloplasty; aortic valve

Global: 090

Issue: Valvuloplasty

Screen: CMS Fastest Growing

Complete? Yes

Most Recent **Tab** 26 **Specialty Developing** ACC
RUC Meeting: October 2008 **Recommendation:**

First Identified: October 2008

2010 Medicare Utilization Data: 2,744

2007 Work RVU: 22.70

2013 Work RVU: 22.85

2007 NF PE RVU: NA

2013 NF PE RVU: NA

2007 Fac PE RVU 12.84

2013 Fac PE RVU: 11.48

Result: Remove from Screen

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

92995 Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data: 1,167

2007 Work RVU: 12.07

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 5.45

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data: 231

2007 Work RVU: 3.26

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 1.41

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report **Global:** XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** AAFP, ACC, ACP
RUC Meeting: October 2012 **Recommendation:**

First Identified: September 2011

2010 Medicare Utilization Data: 11,783,610

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.47

2013 NF PE RVU: 0.35

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.17

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93005 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report **Global:** XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 20

Specialty Developing Recommendation: AAFP, ACC, ACP

First Identified: February 2008

2010 Medicare Utilization Data: 701,492

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 0.41

2013 NF PE RVU: 0.29

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: 0.00

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only **Global:** XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 20

Specialty Developing Recommendation: AAFP, ACC, ACP

First Identified: October 2010

2010 Medicare Utilization Data: 19,647,347

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.06

2013 NF PE RVU: 0.06

2007 Fac PE RVU 0.06

2013 Fac PE RVU: 0.06

Result: Maintain

RUC Recommendation: 0.17

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93012 Deleted from CPT **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 25

Specialty Developing Recommendation: ACC

First Identified:

2010 Medicare Utilization Data: 9,372

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 5.55

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

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93014	Deleted from CPT			Global: XXX	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000	Complete?	Yes
Most Recent RUC Meeting:	April 2010	Tab 25	Specialty Developing Recommendation:	ACC	First Identified:	2010 Medicare Utilization Data: 26,172	2007 Work RVU: 0.52 2007 NF PE RVU: 0.2 2007 Fac PE RVU 0.20 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation:	Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst	February 2010 <input type="checkbox"/>	Published in CPT Asst:	

93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report			Global: XXX	Issue: Cardiovascular Stress Tests	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 47	Specialty Developing Recommendation:	ACC	First Identified: February 2010	2010 Medicare Utilization Data: 1,711,584	2007 Work RVU: 0.75 2007 NF PE RVU: 1.95 2007 Fac PE RVU NA Result: Maintain	2013 Work RVU: 0.75 2013 NF PE RVU: 1.56 2013 Fac PE RVU: NA
RUC Recommendation:	0.75. CPT Assistant published.				CPT Action (if applicable): Referred to CPT Asst	October 2010 <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2010	

93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report			Global: XXX	Issue: Cardiovascular Stress Tests	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 47	Specialty Developing Recommendation:	ACC	First Identified: February 2010	2010 Medicare Utilization Data: 1,122,304	2007 Work RVU: 0.45 2007 NF PE RVU: 0.19 2007 Fac PE RVU 0.19 Result: Maintain	2013 Work RVU: 0.45 2013 NF PE RVU: 0.17 2013 Fac PE RVU: 0.17
RUC Recommendation:	0.45				CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

93017 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report **Global:** XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2010 Medicare Utilization Data: 181,692

2007 Work RVU: 0.00 **2013 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2013 NF PE RVU:** 1.28

2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

93018 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2010 Medicare Utilization Data: 1,293,317

2007 Work RVU: 0.30 **2013 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2013 NF PE RVU:** 0.11

2007 Fac PE RVU 0.12 **2013 Fac PE RVU:** 0.11

RUC Recommendation: 0.30

CPT Action (if applicable): October 2010
Referred to CPT Asst ☒

Published in CPT Asst: Jan 2010

93025 Microvolt T-wave alternans for assessment of ventricular arrhythmias

Global: XXX **Issue:** Microvolt T-Wave Assessment

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 18 **Specialty Developing Recommendation:** ACC

First Identified: NA

2010 Medicare Utilization Data: 5,061

2007 Work RVU: 0.75 **2013 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2013 NF PE RVU:** 4.24

2007 Fac PE RVU NA **2013 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93040 Rhythm ECG, 1-3 leads; with interpretation and report Global: XXX Issue: Rhythm EKG Screen: Top 9 Harvard Complete? Yes

Most Recent RUC Meeting: October 2009	Tab 34	Specialty Developing Recommendation: ACC	First Identified: February 2009	2010 Medicare Utilization Data: 152,998	2007 Work RVU: 0.16 2007 NF PE RVU: 0.2 2007 Fac PE RVU: NA Result: Decrease	2013 Work RVU: 0.15 2013 NF PE RVU: 0.22 2013 Fac PE RVU: NA
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RUC Recommendation: 0.15

CPT Action (if applicable):
Referred to CPT Asst ☐ Published in CPT Asst:

93041 Rhythm ECG, 1-3 leads; tracing only without interpretation and report Global: XXX Issue: Rhythm EKG Screen: Top 9 Harvard Complete? Yes

Most Recent RUC Meeting: October 2009	Tab 34	Specialty Developing Recommendation: ACC	First Identified: February 2009	2010 Medicare Utilization Data: 17,143	2007 Work RVU: 0.00 2007 NF PE RVU: 0.15 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.00 2013 NF PE RVU: 0.17 2013 Fac PE RVU: NA
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RUC Recommendation: 0.00 (PE only)

CPT Action (if applicable):
Referred to CPT Asst ☐ Published in CPT Asst:

93042 Rhythm ECG, 1-3 leads; interpretation and report only Global: XXX Issue: Rhythm EKG Screen: Top 9 Harvard Complete? Yes

Most Recent RUC Meeting: October 2009	Tab 34	Specialty Developing Recommendation: ACC, ACEP	First Identified: October 2008	2010 Medicare Utilization Data: 878,371	2007 Work RVU: 0.16 2007 NF PE RVU: 0.05 2007 Fac PE RVU: 0.05 Result: Decrease	2013 Work RVU: 0.15 2013 NF PE RVU: 0.05 2013 Fac PE RVU: 0.05
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RUC Recommendation: 0.15

CPT Action (if applicable):
Referred to CPT Asst ☐ Published in CPT Asst:

93224 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional Global: XXX Issue: External Cardiovascular Device Monitoring Screen: Harvard Valued - Utilization over 100,000 Complete? Yes

Most Recent RUC Meeting: April 2010	Tab 25	Specialty Developing Recommendation: ACC	First Identified: October 2009	2010 Medicare Utilization Data: 221,981	2007 Work RVU: 0.52 2007 NF PE RVU: 3.29 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.52 2013 NF PE RVU: 2.21 2013 Fac PE RVU: NA
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RUC Recommendation: 0.52

CPT Action (if applicable): February 2010
Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93225 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection) **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 71,686 **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00 **2007 NF PE RVU:** 1.2 **2013 NF PE RVU:** 0.82 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93226 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** 65,865 **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00 **2007 NF PE RVU:** 1.88 **2013 NF PE RVU:** 1.16 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: N/A no physician work **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93227 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2010 Medicare Utilization Data:** 255,481 **2007 Work RVU:** 0.52 **2013 Work RVU:** 0.52 **2007 NF PE RVU:** 0.21 **2013 NF PE RVU:** 0.23 **2007 Fac PE RVU:** 0.21 **2013 Fac PE RVU:** 0.23 **Result:** Maintain

RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 25 Specialty Developing Recommendation: ACC

First Identified:

2010 Medicare Utilization Data: 56,041

2007 Work RVU:

2013 Work RVU: 0.52

2007 NF PE RVU:

2013 NF PE RVU: 0.19

2007 Fac PE RVU

2013 Fac PE RVU: 0.19

Result: Maintain

RUC Recommendation: 0.52

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93229 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional

Global: XXX

Issue: External Cardiovascular Device Monitoring

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 25 Specialty Developing Recommendation: ACC

First Identified:

2010 Medicare Utilization Data: 82,117

2007 Work RVU:

2013 Work RVU: 0.00

2007 NF PE RVU:

2013 NF PE RVU: 21.65

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Contractor Priced

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93230 Deleted from CPT

Global: XXX

Issue: Cardiac Device Monitoring

Screen: CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 31 Specialty Developing Recommendation: ACC

First Identified: NA

2010 Medicare Utilization Data: 344,582

2007 Work RVU: 0.52

2013 Work RVU:

2007 NF PE RVU: 3.49

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

February 2010

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93231 Deleted from CPT

Global: XXX

Issue: External Cardiovascular
Device Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 25

**Specialty Developing
Recommendation:**

**First
Identified:**

**2010 Medicare
Utilization Data:** 71,281

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 1.37

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

93232 Deleted from CPT

Global: XXX

Issue: External Cardiovascular
Device Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 25

**Specialty Developing
Recommendation:**

**First
Identified:**

**2010 Medicare
Utilization Data:** 107,563

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 1.92

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

93233 Deleted from CPT

Global: XXX

Issue: Cardiac Device Monitoring

Screen: CMS Request - 2009
Final Rule, Harvard
Valued - Utilization over
100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2009

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** NA

**2010 Medicare
Utilization Data:** 135,238

2007 Work RVU: 0.52

2013 Work RVU:

2007 NF PE RVU: 0.2

2013 NF PE RVU:

2007 Fac PE RVU 0.20

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93235 Deleted from CPT

Global: XXX

Issue: External Cardiovascular
Device Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 25

**Specialty Developing
Recommendation:**

**First
Identified:**

**2010 Medicare
Utilization Data:** 6,242

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

93236 Deleted from CPT

Global: XXX

Issue: Cardiovascular Stress Test

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2009

Tab 38

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 8,967

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

93237 Deleted from CPT

Global: XXX

Issue: Wearable Cardiac Device
Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2010

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2009

**2010 Medicare
Utilization Data:** 121,118

2007 Work RVU: 0.45

2013 Work RVU:

2007 NF PE RVU: 0.18

2013 NF PE RVU:

2007 Fac PE RVU 0.18

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab** 25 **Specialty Developing** ACC **First** **2010 Medicare** **2007 Work RVU:** 0.52 **2013 Work RVU:** 0.52
RUC Meeting: April 2010 **Recommendation:** **Identified:** **Utilization Data:** 23,750 **2007 NF PE RVU:** 7.02 **2013 NF PE RVU:** 5.95
RUC Recommendation: 0.52 **CPT Action (if applicable):** February 2010 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** NA
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

93270 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab** 25 **Specialty Developing** ACC **First** **2010 Medicare** **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00
RUC Meeting: April 2010 **Recommendation:** **Identified:** **Utilization Data:** 48,137 **2007 NF PE RVU:** 1 **2013 NF PE RVU:** 0.27
RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** NA
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

93271 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab** 25 **Specialty Developing** ACC **First** **2010 Medicare** **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00
RUC Meeting: April 2010 **Recommendation:** **Identified:** **Utilization Data:** 57,902 **2007 NF PE RVU:** 5.82 **2013 NF PE RVU:** 5.50
RUC Recommendation: New PE inputs **CPT Action (if applicable):** February 2010 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** NA
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional

Global: XXX

Issue: External Cardiovascular Device Monitoring

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent
RUC Meeting: April 2010

Tab 25

Specialty Developing ACC
Recommendation:

First
Identified:

2010 Medicare
Utilization Data: 75,071

2007 Work RVU: 0.52

2013 Work RVU: 0.52

2007 NF PE RVU: 0.2

2013 NF PE RVU: 0.18

2007 Fac PE RVU 0.20

2013 Fac PE RVU: 0.18

Result: Maintain

RUC Recommendation: 0.52

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

Global: XXX

Issue: Cardiology Services

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent
RUC Meeting: February 2009

Tab 31

Specialty Developing ACC
Recommendation:

First
Identified: NA

2010 Medicare
Utilization Data: 93,293

2007 Work RVU: 0.92

2013 Work RVU: 0.92

2007 NF PE RVU: 4.1

2013 NF PE RVU: 2.40

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93308 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

Global: XXX

Issue: Transthoracic Echocardiography

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: September 2011

Tab 39

Specialty Developing ACC
Recommendation:

First
Identified: April 2011

2010 Medicare
Utilization Data: 158,574

2007 Work RVU: 0.53

2013 Work RVU: 0.53

2007 NF PE RVU: 2.26

2013 NF PE RVU: 2.40

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.53

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93308 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study **Global:** XXX **Issue:** Echocardiography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008

2010 Medicare Utilization Data: 158,574

2007 Work RVU: 0.53

2013 Work RVU: 0.53

2007 NF PE RVU: 2.26

2013 NF PE RVU: 2.40

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

Global: ZZZ

Issue: Cardiology Services

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 31 **Specialty Developing Recommendation:** ACC

First Identified: NA

2010 Medicare Utilization Data: 354,057

2007 Work RVU: 0.38

2013 Work RVU: 0.38

2007 NF PE RVU: 1.82

2013 NF PE RVU: 0.91

2007 Fac PE RVU 1.82

2013 Fac PE RVU: NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

93325 Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)

Global: ZZZ

Issue: Cardiology Services

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 31 **Specialty Developing Recommendation:** ACC

First Identified: NA

2010 Medicare Utilization Data: 463,975

2007 Work RVU: 0.07

2013 Work RVU: 0.07

2007 NF PE RVU: 2.36

2013 NF PE RVU: 0.49

2007 Fac PE RVU 2.36

2013 Fac PE RVU: NA

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Global: XXX	Issue: Stress Echo with ECG Monitoring	Screen: Other - Identified by RUC / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45 Specialty Developing Recommendation: ACC	First Identified: April 2008	2010 Medicare Utilization Data: 181,808	2007 Work RVU: 1.48 2007 NF PE RVU: 3.03 2007 Fac PE RVU NA Result: Decrease Jan 2010	2013 Work RVU: 1.46 2013 NF PE RVU: 4.37 2013 Fac PE RVU: NA
RUC Recommendation: 1.46; CPT Assistant article published		CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	October 2010 Published in CPT Asst:		
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 2.72 2013 NF PE RVU: 20.72 2013 Fac PE RVU: NA
RUC Recommendation: 3.02		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 4.75 2013 NF PE RVU: 20.80 2013 Fac PE RVU: NA
RUC Recommendation: 4.32		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

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93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 6.24 2013 NF PE RVU: 27.09 2013 Fac PE RVU: NA
RUC Recommendation: 5.98		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 4.79 2013 NF PE RVU: 21.41 2013 Fac PE RVU: NA
RUC Recommendation: 4.95		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 5.54 2013 NF PE RVU: 24.92 2013 Fac PE RVU: NA
RUC Recommendation: 6.15		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 6.15 2013 NF PE RVU: 26.67 2013 Fac PE RVU: NA
RUC Recommendation: 6.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 6.89 2013 NF PE RVU: 30.17 2013 Fac PE RVU: NA
RUC Recommendation: 7.66		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 5.85 2013 NF PE RVU: 25.49 2013 Fac PE RVU: NA
RUC Recommendation: 6.51		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28** **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 6.60
2007 NF PE RVU: **2013 NF PE RVU:** 28.01
2007 Fac PE RVU **2013 Fac PE RVU:** NA
RUC Recommendation: 7.34 **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

93460 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28** **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 7.35
2007 NF PE RVU: **2013 NF PE RVU:** 29.67
2007 Fac PE RVU **2013 Fac PE RVU:** NA
RUC Recommendation: 7.88 **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28** **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 8.10
2007 NF PE RVU: **2013 NF PE RVU:** 34.36
2007 Fac PE RVU **2013 Fac PE RVU:** NA
RUC Recommendation: 9.00 **CPT Action (if applicable):** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 3.73 2013 NF PE RVU: 1.47 2013 Fac PE RVU: 1.47
RUC Recommendation: 3.73		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:	Result: Decrease	
<hr/>					
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 2.00 2013 NF PE RVU: 0.72 2013 Fac PE RVU: 0.72
RUC Recommendation: 2.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:	Result: Decrease	
<hr/>					
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 1.80 2013 NF PE RVU: 6.40 2013 Fac PE RVU: NA
RUC Recommendation: 1.80		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2009 Published in CPT Asst:	Result: Decrease	

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93501 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 32,786

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU: 0

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93508 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 95,985

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU: 0

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93510 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More/
CMS Request - Practice
Expense Review,
Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 799,914

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU: 0

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93511 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 189

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93514 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 163

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93524 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 120

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93526 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 128,459

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93527 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 2,688

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93528 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 80

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93529 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 77

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93539 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 165,924

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93540 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 171,268

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93541 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 1,387

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93542 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 26

Specialty Developing Recommendation: ACC

First Identified: February 2008

2010 Medicare Utilization Data: 2,871

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93543 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 31

Specialty Developing Recommendation: ACC

First Identified: February 2008

2010 Medicare Utilization Data: 830,740

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93544 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab S

Specialty Developing Recommendation: ACC

First Identified: February 2008

2010 Medicare Utilization Data: 81,056

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93545 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
CMS Request - Practice
Expense Review

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 1,023,744

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: NA

2013 NF PE RVU:

2007 Fac PE RVU 0

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93555 Deleted from CPT

Global: XXX

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
CMS Request - Practice
Expense Review

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 823,166

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93556 Deleted from CPT

Global: XXX

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
CMS Request - Practice
Expense Review

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2010 Medicare
Utilization Data:** 998,651

2007 Work RVU: 0.00

2013 Work RVU:

2007 NF PE RVU: 0

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28** **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 1.11 **2007 NF PE RVU:** **2013 NF PE RVU:** 0.40 **2007 Fac PE RVU** **2013 Fac PE RVU:** 0.40 **RUC Recommendation:** 2.00 **CPT Action (if applicable):** October 2009 **Published in CPT Asst:** **Result:** Decrease **Referred to CPT Asst** ☐

93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28** **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 1.13 **2007 NF PE RVU:** **2013 NF PE RVU:** 0.41 **2007 Fac PE RVU** **2013 Fac PE RVU:** 0.41 **RUC Recommendation:** 2.10 **CPT Action (if applicable):** October 2009 **Published in CPT Asst:** **Result:** Decrease **Referred to CPT Asst** ☐

93565 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28** **Specialty Developing Recommendation:** ACC **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 0.86 **2007 NF PE RVU:** **2013 NF PE RVU:** 0.31 **2007 Fac PE RVU** **2013 Fac PE RVU:** 0.31 **RUC Recommendation:** 1.90 **CPT Action (if applicable):** October 2009 **Published in CPT Asst:** **Result:** Decrease **Referred to CPT Asst** ☐

Status Report: CMS Requests and Relativity Assessment Issues

93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2011

Tab 28 Specialty Developing Recommendation: ACC

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.86

2007 NF PE RVU:

2013 NF PE RVU: 4.26

2007 Fac PE RVU

2013 Fac PE RVU: 0.31

RUC Recommendation: 0.96

CPT Action (if applicable): October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-ventricular aortography (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2011

Tab 28 Specialty Developing Recommendation: ACC

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.97

2007 NF PE RVU:

2013 NF PE RVU: 3.21

2007 Fac PE RVU

2013 Fac PE RVU: 0.35

RUC Recommendation: 0.97

CPT Action (if applicable): October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
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Most Recent RUC Meeting: April 2011

Tab 28 Specialty Developing Recommendation: ACC

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.88

2007 NF PE RVU:

2013 NF PE RVU: 3.69

2007 Fac PE RVU

2013 Fac PE RVU: 0.32

RUC Recommendation: 0.98

CPT Action (if applicable): October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Cardiology Services	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	Tab 26 October 2008	Specialty Developing Recommendation: ACC	First Identified: October 2008	2010 Medicare Utilization Data: 28,109	2007 Work RVU: 6.99 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.03 2013 Work RVU: 6.99 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.76
RUC Recommendation:	Remove from screen	CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	Global: 000	Issue: Intracardiac Catheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	Tab 45 April 2010	Specialty Developing Recommendation: ACC	First Identified: February 2010	2010 Medicare Utilization Data: 54,655	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation:	11.57	CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	October 2011 Published in CPT Asst:	Result: Maintain
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	Global: 000	Issue: Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	Tab 45 April 2010	Specialty Developing Recommendation: ACC	First Identified: February 2010	2010 Medicare Utilization Data: 77,405	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU: NA 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: NA
RUC Recommendation:	Maintain	CPT Action (if applicable): Referred to CPT Asst	<input type="checkbox"/>	February 2011 Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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	Global: 000	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified: February 2010	2010 Medicare Utilization Data: 37,585	2007 Work RVU: 16.23 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.96 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	Global: 000	Issue: Bundling EPS with Transcatheter Ablation	Screen: CMS Fastest Growing/Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2008	2010 Medicare Utilization Data: 3,384	2007 Work RVU: 17.65 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.58 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Global: 000	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2013 Work RVU: 15.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 5.89
RUC Recommendation: 15.00		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93654 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	Global: 000	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 20.00 2013 NF PE RVU: NA 2013 Fac PE RVU: 7.88
RUC Recommendation: 20.00	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 7.50 2013 NF PE RVU: NA 2013 Fac PE RVU: 2.95
RUC Recommendation: 9.00	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		
93656 Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	Global: 000	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2011	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 20.02 2013 NF PE RVU: NA 2013 Fac PE RVU: 7.87
RUC Recommendation: 20.02	CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 7.50

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 10.00

CPT Action (if applicable): October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth **Complete?** No

Most Recent RUC Meeting: September 2011

Tab 51 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2010 Medicare Utilization Data: 12,946

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 0

2013 NF PE RVU: 0.00

2007 Fac PE RVU 0

2013 Fac PE RVU: NA

Result:

RUC Recommendation: Review September 2014

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

93701 Bioimpedance-derived physiologic cardiovascular analysis **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 41 **Specialty Developing Recommendation:**

First Identified: October 2010

2010 Medicare Utilization Data: 337,649

2007 Work RVU: 0.17

2013 Work RVU: 0.00

2007 NF PE RVU: 0.91

2013 NF PE RVU: 0.73

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 Deleted from CPT **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008

2010 Medicare Utilization Data:

2007 Work RVU: 0.45

2013 Work RVU:

2007 NF PE RVU: 0.7

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93732 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** October 2008

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2008

**2010 Medicare
Utilization Data:**

2007 Work RVU: 0.92

2013 Work RVU:

2007 NF PE RVU: 0.94

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93733 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** October 2008

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2008

**2010 Medicare
Utilization Data:**

2007 Work RVU: 0.17

2013 Work RVU:

2007 NF PE RVU: 0.83

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93743 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** October 2008

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2008

**2010 Medicare
Utilization Data:**

2007 Work RVU: 1.03

2013 Work RVU:

2007 NF PE RVU: 1.15

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93744 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** October 2008

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2008

**2010 Medicare
Utilization Data:**

2007 Work RVU: 1.18

2013 Work RVU:

2007 NF PE RVU: 1.19

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93875 Deleted from CPT

Global: XXX

Issue: Noninvasive Vascular Diagnostic Studies

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: AAN, ACC, ACR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 107,531

2007 Work RVU: 0.22

2013 Work RVU:

2007 NF PE RVU: 2.38

2013 NF PE RVU:

2007 Fac PE RVU NA

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010

Referred to CPT Asst ☒

Published in CPT Asst:

Result: Deleted from CPT
SS in process of d

93880 Duplex scan of extracranial arteries; complete bilateral study

Global: XXX

Issue: Extracranial Studies

Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab 21

Specialty Developing Recommendation: ACC, ACR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 2,965,457

2007 Work RVU: 0.60

2013 Work RVU: 0.60

2007 NF PE RVU: 5.67

2013 NF PE RVU: 6.56

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.80

CPT Action (if applicable): October 2010

Referred to CPT Asst ☒

Published in CPT Asst:

Result: Increase
Addressed in CPT

93882 Duplex scan of extracranial arteries; unilateral or limited study

Global: XXX

Issue: Extracranial Studies

Screen: CMS High Expenditure Procedural Codes

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab 21

Specialty Developing Recommendation: ACC, ACR, SVS

First Identified: January 2012

2010 Medicare Utilization Data: 44,012

2007 Work RVU: 0.40

2013 Work RVU: 0.40

2007 NF PE RVU: 3.63

2013 NF PE RVU: 4.72

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.50

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

93886	Transcranial Doppler study of the intracranial arteries; complete study	Global: XXX	Issue: Noninvasive Vascular Diagnostic Studies	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AAN, ACC, ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 73,466	2007 Work RVU: 0.94 2007 NF PE RVU: 6.77 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: CCI Edits			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:	2013 Work RVU: 0.94 2013 NF PE RVU: 10.21 2013 Fac PE RVU: NA
93888	Transcranial Doppler study of the intracranial arteries; limited study	Global: XXX	Issue: Noninvasive Vascular Diagnostic Studies	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AAN, ACC, ACR, SIR, SVS	First Identified: February 2010	2010 Medicare Utilization Data: 16,535	2007 Work RVU: 0.62 2007 NF PE RVU: 4.36 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: CCI Edits			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:	2013 Work RVU: 0.62 2013 NF PE RVU: 5.84 2013 Fac PE RVU: NA
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	Global: XXX	Issue: Extremity Non-Invasive Arterial Physiologic Studies	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 27	Specialty Developing Recommendation: SVS, ACR, ACC	First Identified: October 2008	2010 Medicare Utilization Data: 611,045	2007 Work RVU: 0.25 2007 NF PE RVU: 2.78 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 0.25			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2010 Published in CPT Asst:	2013 Work RVU: 0.25 2013 NF PE RVU: 2.50 2013 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

93923 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

Global: XXX

Issue: Extremity Non-Invasive Arterial Physiologic Studies

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 27

Specialty Developing Recommendation: SVS, ACR, ACC

First Identified: February 2009

2010 Medicare Utilization Data: 633,077

2007 Work RVU: 0.45

2013 Work RVU: 0.45

2007 NF PE RVU: 4.18

2013 NF PE RVU: 3.81

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.45

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study

Global: XXX

Issue: Extremity Non-Invasive Arterial Physiologic Studies

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 27

Specialty Developing Recommendation: SVS, ACR, ACC

First Identified: February 2009

2010 Medicare Utilization Data: 118,590

2007 Work RVU: 0.50

2013 Work RVU: 0.50

2007 NF PE RVU: 5.05

2013 NF PE RVU: 4.85

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.50

CPT Action (if applicable): February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study **Global:** XXX **Issue:** Extremity Studies **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 35

Specialty Developing Recommendation: ACC, ACR, SVS

First Identified: April 2011

2010 Medicare Utilization Data: 586,176

2007 Work RVU: 0.58

2013 Work RVU: 0.80

2007 NF PE RVU: 7.05

2013 NF PE RVU: 6.62

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.90

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Extremity Studies **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 35

Specialty Developing Recommendation: ACC, ACR, SVS

First Identified: April 2011

2010 Medicare Utilization Data:

2007 Work RVU: 0.39

2013 Work RVU: 0.50

2007 NF PE RVU: 4.31

2013 NF PE RVU: 3.78

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.70

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: AAN, ACC, ACR, SIR, SVS

First Identified: February 2010

2010 Medicare Utilization Data: 42,105

2007 Work RVU: 0.31

2013 Work RVU: 0.31

2007 NF PE RVU: 3.64

2013 NF PE RVU: 4.49

2007 Fac PE RVU: NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: CCI Edits

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2010

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study **Global:** XXX **Issue:** Extremity Studies **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2010 Medicare Utilization Data:** 1,599,899 **2007 Work RVU:** 0.68 **2013 Work RVU:** 0.70 **2007 NF PE RVU:** 5.44 **2013 NF PE RVU:** 4.87 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 0.70

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study **Global:** XXX **Issue:** Extremity Study **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 29 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,494,585 **2007 Work RVU:** 0.45 **2013 Work RVU:** 0.45 **2007 NF PE RVU:** 3.67 **2013 NF PE RVU:** 2.96 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 0.45

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study **Global:** XXX **Issue:** Vascular Study **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2010 Medicare Utilization Data:** 119,154 **2007 Work RVU:** 1.21 **2013 Work RVU:** 1.21 **2007 NF PE RVU:** 4.33 **2013 NF PE RVU:** 5.04 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Remove from screen.

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) **Global:** XXX **Issue:** Echocardiography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** SVS **First Identified:** October 2008 **2010 Medicare Utilization Data:** 70,446 **2007 Work RVU:** 0.25 **2013 Work RVU:** 0.25 **2007 NF PE RVU:** 4.28 **2013 NF PE RVU:** 5.88 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent **Tab** 41 **Specialty Developing**
RUC Meeting: February 2011 **Recommendation:**

First
Identified: October 2010

2010 Medicare
Utilization Data: 1,268,372

2007 Work RVU: 0.17

2013 Work RVU: 0.17

2007 NF PE RVU: 0.69

2013 NF PE RVU: 0.91

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional

Global: XXX

Issue: Pulmonary Tests

Screen: High Volume Growth

Complete? Yes

Most Recent **Tab** 38 **Specialty Developing** ACCP/ATS
RUC Meeting: February 2009 **Recommendation:**

First
Identified: February 2008

2010 Medicare
Utilization Data: 10,803

2007 Work RVU: 0.52

2013 Work RVU: 0.52

2007 NF PE RVU: 0.77

2013 NF PE RVU: 0.92

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

94015 Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)

Global: XXX

Issue: Pulmonary Tests

Screen: High Volume Growth

Complete? Yes

Most Recent **Tab** 38 **Specialty Developing** ACCP/ATS
RUC Meeting: February 2009 **Recommendation:**

First
Identified: February 2008

2010 Medicare
Utilization Data: 9,423

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 0.61

2013 NF PE RVU: 0.74

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

94016 Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: April 2008

2010 Medicare Utilization Data: 26,634

2007 Work RVU: 0.52

2013 Work RVU: 0.52

2007 NF PE RVU: 0.16

2013 NF PE RVU: 0.18

2007 Fac PE RVU: 0.16

2013 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Result: Remove from Screen

Referred to CPT Asst ☐

Published in CPT Asst:

94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

Global: XXX **Issue:** Evaluation of Wheezing

Screen: MPC List

Complete? No

Most Recent RUC Meeting: October 2012

Tab 30 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2010

2010 Medicare Utilization Data: 1,231,612

2007 Work RVU: 0.31

2013 Work RVU: 0.27

2007 NF PE RVU: 1.13

2013 NF PE RVU: 1.60

2007 Fac PE RVU: 1.13

2013 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.31

CPT Action (if applicable):

Result: Maintain

Referred to CPT Asst ☒

Published in CPT Asst:

94240 Deleted from CPT

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010

2010 Medicare Utilization Data: 625,562

2007 Work RVU: 0.26

2013 Work RVU:

2007 NF PE RVU: 0.7

2013 NF PE RVU:

2007 Fac PE RVU: NA

2013 Fac PE RVU:

RUC Recommendation: Deleted from CPT

CPT Action (if applicable):

October 2010

Result: Deleted from CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

94260	Deleted from CPT			Global: XXX	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified: February 2010	2010 Medicare Utilization Data: 296,855	2007 Work RVU: 0.13 2007 NF PE RVU: 0.63 2007 Fac PE RVU NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:		
<hr/>							
94350	Deleted from CPT			Global: XXX	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified: February 2010	2010 Medicare Utilization Data: 128,943	2007 Work RVU: 0.26 2007 NF PE RVU: 0.73 2007 Fac PE RVU NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:		
<hr/>							
94360	Deleted from CPT			Global: XXX	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified: February 2010	2010 Medicare Utilization Data: 340,451	2007 Work RVU: 0.26 2007 NF PE RVU: 0.77 2007 Fac PE RVU NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

94370 Determination of airway closing volume, single breath tests **Global:** XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2010 Medicare Utilization Data:** 60,009 **2007 Work RVU:** 0.26 **2013 Work RVU:** **2007 NF PE RVU:** 0.69 **2013 NF PE RVU:** **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

94400 Breathing response to CO2 (CO2 response curve) **Global:** XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.40 **2013 Work RVU:** 0.40 **2007 NF PE RVU:** 0.89 **2013 NF PE RVU:** 1.34 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT Assistant

CPT Action (if applicable):
Referred to CPT Asst ☒ **Published in CPT Asst:**

Result:

94450 Breathing response to hypoxia (hypoxia response curve) **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2010 Medicare Utilization Data:** 880 **2007 Work RVU:** 0.40 **2013 Work RVU:** 0.40 **2007 NF PE RVU:** 0.89 **2013 NF PE RVU:** 1.65 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	Global: XXX	Issue: Pulmonary Diagnostic Testing	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: October 2012	Tab	Specialty Developing Recommendation: AAFP, ACCP, ATS, ACP, APTA, AOTA	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 0.32 2007 Fac PE RVU: NA 2013 Work RVU: 0.00 2013 NF PE RVU: 0.56 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT Assistant			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Result:
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	Global: XXX	Issue: Pulmonary Diagnostic Testing	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: October 2012	Tab	Specialty Developing Recommendation: AAFP, ACCP, ATS, ACP, APTA, AOTA	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.00 2007 NF PE RVU: 0.46 2007 Fac PE RVU: NA 2013 Work RVU: 0.00 2013 NF PE RVU: 0.79 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT Assistant			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Result:
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	Global: XXX	Issue: Pulmonary Tests	Screen: High Volume Growth / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 51	Specialty Developing Recommendation: AACE, TES, ACCP/ATS	First Identified: February 2008	2010 Medicare Utilization Data: 14,627	2007 Work RVU: 0.20 2007 NF PE RVU: 2.16 2007 Fac PE RVU: NA 2013 Work RVU: 0.20 2013 NF PE RVU: 1.40 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)		Global: XXX	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: ACCP, ATS	First Identified: February 2010	2010 Medicare Utilization Data: 913,333	2007 Work RVU: 0.26 2007 NF PE RVU: 1.04 2007 Fac PE RVU: NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:		
<hr/>						
94725	Membrane diffusion capacity		Global: XXX	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: ACCP, ATS	First Identified: February 2010	2010 Medicare Utilization Data: 28,306	2007 Work RVU: 0.26 2007 NF PE RVU: 2.43 2007 Fac PE RVU: NA Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:		
<hr/>						
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance		Global: XXX	Issue: Pulmonary Function Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 19	Specialty Developing Recommendation: ACCP, ATS	First Identified: February 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Decrease Result:	2013 Work RVU: 0.26 2013 NF PE RVU: 1.49 2013 Fac PE RVU: NA
RUC Recommendation: 0.31			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

94727 Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.26

2007 NF PE RVU:

2013 NF PE RVU: 1.11

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.31

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94728 Airway resistance by impulse oscillometry

Global: XXX **Issue:** Pulmonary Function Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.26

2007 NF PE RVU:

2013 NF PE RVU: 1.06

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.31

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94729 Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Pulmonary Function Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.19

2007 NF PE RVU:

2013 NF PE RVU: 1.63

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.19

CPT Action (if applicable): February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab** 32 **Specialty Developing** ACCP, ATS **First** **2010 Medicare** **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00
RUC Meeting: February 2009 **Recommendation:** **Identified:** NA **Utilization Data:** 125,994 **2007 NF PE RVU:** 0.05 **2013 NF PE RVU:** 0.09

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU NA

Result: PE Only

94761 Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise) **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab** 32 **Specialty Developing** ACCP, ATS **First** **2010 Medicare** **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00
RUC Meeting: February 2009 **Recommendation:** **Identified:** NA **Utilization Data:** 16,553 **2007 NF PE RVU:** 0.08 **2013 NF PE RVU:** 0.14

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU NA

Result: PE Only

94762 Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure) **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab** 32 **Specialty Developing** ACCP, ATS **First** **2010 Medicare** **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00
RUC Meeting: February 2009 **Recommendation:** **Identified:** October 2008 **Utilization Data:** 361,461 **2007 NF PE RVU:** 0.56 **2013 NF PE RVU:** 0.73

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

2007 Fac PE RVU NA

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94770	Carbon dioxide, expired gas determination by infrared analyzer			Global: XXX	Issue: Pulmonary Tests	Screen: High Volume Growth / Codes Reported Together 75% or More-Part2	Complete?	No
Most Recent RUC Meeting:	October 2012	Tab 57	Specialty Developing Recommendation: ACCP/ATS	First Identified: February 2008	2010 Medicare Utilization Data: 29,834	2007 Work RVU: 0.15 2007 NF PE RVU: 0.76 2007 Fac PE RVU: NA Result: PE Only	2013 Work RVU: 0.15 2013 NF PE RVU: NA 2013 Fac PE RVU: 0.06	
RUC Recommendation: Refer to CPT Assistant. Remove office-based PE inputs				CPT Action (if applicable):				
				Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst:		
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests			Global: XXX	Issue: Percutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete?	Yes
Most Recent RUC Meeting:	February 2011	Tab 41	Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI	First Identified: October 2010	2010 Medicare Utilization Data: 6,975,169	2007 Work RVU: 0.00 2007 NF PE RVU: 0.12 2007 Fac PE RVU: NA Result: Maintain	2013 Work RVU: 0.01 2013 NF PE RVU: 0.18 2013 Fac PE RVU: NA	
RUC Recommendation: 0.01				CPT Action (if applicable):				
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		
95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests			Global: XXX	Issue: Percutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete?	Yes
Most Recent RUC Meeting:	April 2011	Tab 31	Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI	First Identified: October 2010	2010 Medicare Utilization Data: 80,259	2007 Work RVU: 0.15 2007 NF PE RVU: 0.31 2007 Fac PE RVU: 0.06 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:	
RUC Recommendation: Deleted from CPT				CPT Action (if applicable): February 2012				
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

95015	Intracutaneous (intra-dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	Global: XXX	Issue: Intracutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 31 Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI	First Identified: October 2010	2010 Medicare Utilization Data: 56,202	2007 Work RVU: 0.15 2007 NF PE RVU: 0.16 2007 Fac PE RVU: 0.06 Result: Deleted from CPT	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:		
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	Global: XXX	Issue: Percutaneous Allergy Testing	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 29 Specialty Developing Recommendation: JCAAI	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2013 Work RVU: 0.07 2013 NF PE RVU: 2.44 2013 Fac PE RVU: 0.03
RUC Recommendation: 0.07		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:		
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	Global: XXX	Issue: Percutaneous Allergy Testing	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 29 Specialty Developing Recommendation: JCAAI	First Identified: October 2010	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2013 Work RVU: 0.14 2013 NF PE RVU: 0.71 2013 Fac PE RVU: 0.06
RUC Recommendation: 0.14		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

95024	Intracutaneous (intra dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	Global: XXX	Issue: Intracutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 31	Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI, AAOA	First Identified: October 2010	2010 Medicare Utilization Data: 1,600,062	2007 Work RVU: 0.00 2007 NF PE RVU: 0.17 2007 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE Inputs			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.01 2013 NF PE RVU: 0.22 2013 Fac PE RVU: 0.01
<hr/>					
95027	Intracutaneous (intra dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	Global: XXX	Issue: Intracutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 41	Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI	First Identified: October 2010	2010 Medicare Utilization Data: 239,371	2007 Work RVU: 0.00 2007 NF PE RVU: 0.17 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.01			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.01 2013 NF PE RVU: 0.13 2013 Fac PE RVU: NA
<hr/>					
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	Global: XXX	Issue: Immunotherapy Injections	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 48	Specialty Developing Recommendation: JCAAI, AAOA	First Identified: January 2012	2010 Medicare Utilization Data: 1,191,083	2007 Work RVU: 0.00 2007 NF PE RVU: 0.35 2007 Fac PE RVU: 0.29 Result: PE Only
RUC Recommendation: New PE Inputs			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2013 Work RVU: 0.00 2013 NF PE RVU: 0.27 2013 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

95117 Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 48

Specialty Developing Recommendation: JCAAI, AAOA

First Identified: September 2011

2010 Medicare Utilization Data: 2,006,419

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 0.44

2013 NF PE RVU: 0.31

2007 Fac PE RVU: 0.38

2013 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)

Global: XXX

Issue: Antigen Therapy Services

Screen: Low Value-Billed in Multiple Units

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 41

Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI

First Identified: October 2010

2010 Medicare Utilization Data: 218,143

2007 Work RVU: 0.06

2013 Work RVU: 0.06

2007 NF PE RVU: 0.21

2013 NF PE RVU: 0.31

2007 Fac PE RVU: 0.02

2013 Fac PE RVU: 0.02

Result: Maintain

RUC Recommendation: 0.06

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms

Global: XXX

Issue:

Screen: Low Value-Billed in Multiple Units

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 73

Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 15,038

2007 Work RVU: 0.06

2013 Work RVU: 0.06

2007 NF PE RVU: 0.67

2013 NF PE RVU: 1.54

2007 Fac PE RVU: 0.03

2013 Fac PE RVU: 0.02

Result: Maintain

RUC Recommendation: 0.06

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) **Global:** XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 41 Specialty Developing Recommendation:

First Identified: October 2010

2010 Medicare Utilization Data: 5,448,102

2007 Work RVU: 0.06

2013 Work RVU: 0.06

2007 NF PE RVU: 0.21

2013 NF PE RVU: 0.32

2007 Fac PE RVU 0.02

2013 Fac PE RVU: 0.02

Result: Maintain

RUC Recommendation: Reaffirmed RUC recommendation

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time

Global: XXX

Issue: Sleep Testing

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 28 Specialty Developing Recommendation: ACNS, AAN, ACCP/ATS, AASM

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.05

2007 NF PE RVU:

2013 NF PE RVU: 4.27

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.05

CPT Action (if applicable):

October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)

Global: XXX

Issue: Sleep Testing

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 28 Specialty Developing Recommendation: ACNS, AAN, ACCP/ATS, AASM

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.00

2007 NF PE RVU:

2013 NF PE RVU: 1.75

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.00

CPT Action (if applicable):

October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Global: XXX	Issue: Sleep Testing	Screen: CMS Request - Practice Expense Review	Complete? Yes
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Most Recent RUC Meeting: April 2010

Tab 28

Specialty Developing Recommendation:

ACNS, AAN, ACCP/ATS, AASM

First Identified: NA

2010 Medicare Utilization Data: 257

2007 Work RVU:

2013 Work RVU: 0.90

2007 NF PE RVU:

2013 NF PE RVU: 3.53

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Global: XXX	Issue: Sleep Testing	Screen: CMS Fastest Growing	Complete? Yes
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Most Recent RUC Meeting: April 2010

Tab 28

Specialty Developing Recommendation:

ACNS, AAN, ACCP/ATS, AASM

First Identified:

2010 Medicare Utilization Data: 7,559

2007 Work RVU: 1.88

2013 Work RVU: 1.20

2007 NF PE RVU: 14.7

2013 NF PE RVU: 11.34

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 1.20

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2009

Published in CPT Asst:

Result: Decrease

95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Global: XXX	Issue: Sleep Testing	Screen: CMS Fastest Growing	Complete? Yes
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Most Recent RUC Meeting: April 2010

Tab 28

Specialty Developing Recommendation:

ACNS, AAN, ACCP/ATS, AASM

First Identified:

2010 Medicare Utilization Data: 8,205

2007 Work RVU: 1.66

2013 Work RVU: 1.25

2007 NF PE RVU: 3.46

2013 NF PE RVU: 4.06

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 1.28

CPT Action (if applicable):

Referred to CPT Asst ☐

October 2009

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 2,655 **2007 Work RVU:** 1.66 **2013 Work RVU:** 1.28 **2007 NF PE RVU:** 11.82 **2013 NF PE RVU:** 13.26 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 1.25 **CPT Action (if applicable):** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

95808 Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 911 **2007 Work RVU:** 2.65 **2013 Work RVU:** 1.74 **2007 NF PE RVU:** 13.79 **2013 NF PE RVU:** 17.32 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 1.74 **CPT Action (if applicable):** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

95810 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 311,700 **2007 Work RVU:** 3.52 **2013 Work RVU:** 2.50 **2007 NF PE RVU:** 17.54 **2013 NF PE RVU:** 16.28 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 2.50 **CPT Action (if applicable):** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

95811 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** **2010 Medicare Utilization Data:** 330,732 **2007 Work RVU:** 3.79 **2013 Work RVU:** 2.60 **2007 NF PE RVU:** 19.32 **2013 NF PE RVU:** 17.09 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 2.60 **CPT Action (if applicable):** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95816 Electroencephalogram (EEG); including recording awake and drowsy

Global: XXX

Issue: Electroencephalogram

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

**Most Recent
RUC Meeting:** October 2012

Tab 22

**Specialty Developing
Recommendation:** AAN, ACNS

**First
Identified:** January 2012

**2010 Medicare
Utilization Data:**

2007 Work RVU: 1.08

2013 Work RVU: 1.08

2007 NF PE RVU: 4.1

2013 NF PE RVU: 11.06

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

95819 Electroencephalogram (EEG); including recording awake and asleep

Global: XXX

Issue: Electroencephalogram

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

**Most Recent
RUC Meeting:** October 2012

Tab 22

**Specialty Developing
Recommendation:** AAN, ACNS

**First
Identified:** September 2011

**2010 Medicare
Utilization Data:** 295,993

2007 Work RVU: 1.08

2013 Work RVU: 1.08

2007 NF PE RVU: 3.76

2013 NF PE RVU: 12.89

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

95822 Electroencephalogram (EEG); recording in coma or sleep only

Global: XXX

Issue: Electroencephalogram

Screen: CMS High Expenditure
Procedural Codes

Complete? Yes

**Most Recent
RUC Meeting:** October 2012

Tab 22

**Specialty Developing
Recommendation:** AAN, ACNS

**First
Identified:** January 2012

**2010 Medicare
Utilization Data:** 19,815

2007 Work RVU: 1.08

2013 Work RVU: 1.08

2007 NF PE RVU: 4.82

2013 NF PE RVU: 11.40

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95860	Needle electromyography; 1 extremity with or without related paraspinal areas	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified: October 2009	2010 Medicare Utilization Data: 262,621	2007 Work RVU: 0.96 2007 NF PE RVU: 1.36 2007 Fac PE RVU: NA 2013 Work RVU: 0.96 2013 NF PE RVU: 2.74 2013 Fac PE RVU: NA
RUC Recommendation: 0.96			CPT Action (if applicable): February 2011 & October 2011	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

95861	Needle electromyography; 2 extremities with or without related paraspinal areas	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified: February 2010	2010 Medicare Utilization Data: 374,908	2007 Work RVU: 1.54 2007 NF PE RVU: 1.48 2007 Fac PE RVU: NA 2013 Work RVU: 1.54 2013 NF PE RVU: 3.53 2013 Fac PE RVU: NA
RUC Recommendation: 1.54			CPT Action (if applicable): February 2011 & October 2011 & February 2012	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

95863 Needle electromyography; 3 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 15,405 **2007 Work RVU:** 1.87 **2013 Work RVU:** 1.87 **2007 NF PE RVU:** 1.79 **2013 NF PE RVU:** 4.32 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 1.87

CPT Action (if applicable): February 2011 & October 2011

Result: Maintain

Referred to CPT Asst ☐

Published in CPT Asst:

95864 Needle electromyography; 4 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 19,335 **2007 Work RVU:** 1.99 **2013 Work RVU:** 1.99 **2007 NF PE RVU:** 2.53 **2013 NF PE RVU:** 5.11 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 1.99

CPT Action (if applicable): February 2011 & October 2011

Result: Maintain

Referred to CPT Asst ☐

Published in CPT Asst:

95867 Needle electromyography; cranial nerve supplied muscle(s), unilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2010 Medicare Utilization Data:** 3,828 **2007 Work RVU:** 0.79 **2013 Work RVU:** 0.79 **2007 NF PE RVU:** 0.98 **2013 NF PE RVU:** 2.56 **2007 Fac PE RVU:** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 0.79

CPT Action (if applicable): October 2011

Result: Maintain

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95868	Needle electromyography; cranial nerve supplied muscles, bilateral	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified:	2010 Medicare Utilization Data: 2,586	2007 Work RVU: 1.18 2007 NF PE RVU: 1.26 2007 Fac PE RVU: NA 2013 Work RVU: 1.18 2013 NF PE RVU: 3.02 2013 Fac PE RVU: NA
RUC Recommendation: 1.18			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:	Result: Maintain
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified:	2010 Medicare Utilization Data: 6,392	2007 Work RVU: 0.37 2007 NF PE RVU: 0.53 2007 Fac PE RVU: NA 2013 Work RVU: 0.37 2013 NF PE RVU: 2.17 2013 Fac PE RVU: NA
RUC Recommendation: 0.37			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:	Result: Maintain
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified:	2010 Medicare Utilization Data: 70,090	2007 Work RVU: 0.37 2007 NF PE RVU: 0.53 2007 Fac PE RVU: NA 2013 Work RVU: 0.37 2013 NF PE RVU: 2.30 2013 Fac PE RVU: NA
RUC Recommendation: 0.37			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	October 2011 Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95885 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 20

Specialty Developing Recommendation: AAN, AAPMR, AANEM, ACNS, APTA

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.35

2007 NF PE RVU:

2013 NF PE RVU: 1.43

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.35

CPT Action (if applicable): February 2011 and October 2011

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

95886 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 20

Specialty Developing Recommendation: AAN, AAPMR, AANEM, ACNS, APTA

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.70

2007 NF PE RVU:

2013 NF PE RVU: 1.76

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.92

CPT Action (if applicable): February 2011 and October 2011

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab 20

Specialty Developing Recommendation: AAN, AAPMR, AANEM, ACNS, APTA

First Identified: February 2010

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.47

2007 NF PE RVU:

2013 NF PE RVU: 1.60

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.73

CPT Action (if applicable): February 2011 and October 2011

Result: Decrease

Referred to CPT Asst ☐

Published in CPT Asst:

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95900 Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,352,877 **2007 Work RVU:** 0.42 **2013 Work RVU:** **2007 NF PE RVU:** 1.18 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011& February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2010 Medicare Utilization Data:** 2,108,664 **2007 Work RVU:** 0.60 **2013 Work RVU:** **2007 NF PE RVU:** 1.15 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 Nerve conduction, amplitude and latency/velocity study, each nerve; sensory **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2010 Medicare Utilization Data:** 3,651,015 **2007 Work RVU:** 0.34 **2013 Work RVU:** **2007 NF PE RVU:** 1.03 **2013 NF PE RVU:** **2007 Fac PE RVU** NA **2013 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **CPT Action (if applicable):** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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95907 Nerve conduction studies; 1-2 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.00

2007 NF PE RVU:

2013 NF PE RVU: 1.72

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 1.00

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95908 Nerve conduction studies; 3-4 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.25

2007 NF PE RVU:

2013 NF PE RVU: 2.11

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 1.37

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95909 Nerve conduction studies; 5-6 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 1.50

2007 NF PE RVU:

2013 NF PE RVU: 2.52

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 1.77

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95910 Nerve conduction studies; 7-8 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 2.00

2007 NF PE RVU:

2013 NF PE RVU: 3.29

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 2.80

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95911 Nerve conduction studies; 9-10 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 2.50

2007 NF PE RVU:

2013 NF PE RVU: 3.89

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 3.34

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95912 Nerve conduction studies; 11-12 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 3.00

2007 NF PE RVU:

2013 NF PE RVU: 4.49

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 4.00

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95913	Nerve conduction studies; 13 or more studies			Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2013 Work RVU: 3.56 2013 NF PE RVU: 5.11 2013 Fac PE RVU: NA
RUC Recommendation: 4.20				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Decrease		
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio			Global: XXX	Issue: Autonomic Function Testing	Screen: Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 33	Specialty Developing Recommendation:	AAN, AANEM	First Identified: October 2009	2010 Medicare Utilization Data: 77,970	2007 Work RVU: 0.90 2007 NF PE RVU: 0.82 2007 Fac PE RVU NA	2013 Work RVU: 0.90 2013 NF PE RVU: 1.71 2013 Fac PE RVU: NA
RUC Recommendation: 0.90				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Maintain		
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt			Global: XXX	Issue: Autonomic Function Testing	Screen: High Volume Growth / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab 33	Specialty Developing Recommendation:	AAN, AANEM	First Identified: February 2008	2010 Medicare Utilization Data: 67,156	2007 Work RVU: 0.96 2007 NF PE RVU: 1 2007 Fac PE RVU NA	2013 Work RVU: 0.96 2013 NF PE RVU: 2.19 2013 Fac PE RVU: NA
RUC Recommendation: 0.96				CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	February 2012 Published in CPT Asst:	Result: Maintain Dec 2008		

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95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	Global: XXX	Issue: Autonomic Function Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 33 Specialty Developing Recommendation: AAN, AANEM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.90 2007 NF PE RVU: 1.99 2007 Fac PE RVU Result: NA	2013 Work RVU: 0.90 2013 NF PE RVU: 6.78 2013 Fac PE RVU: NA
RUC Recommendation: 0.90		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	Global: XXX	Issue: Autonomic Function Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 06 Specialty Developing Recommendation: AAN, AANEM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2013 Work RVU: 1.73 2013 NF PE RVU: 2.51 2013 Fac PE RVU: NA
RUC Recommendation: 1.73		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: February 2012		
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	Global: XXX	Issue: Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 34 Specialty Developing Recommendation: AAN, AANEM, ACNS, AAPMR	First Identified: February 2010	2010 Medicare Utilization Data: 56,608	2007 Work RVU: 0.54 2007 NF PE RVU: 1.63 2007 Fac PE RVU NA	2013 Work RVU: 0.54 2013 NF PE RVU: 5.23 2013 Fac PE RVU: NA
RUC Recommendation: 0.54 and New PE Inputs		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2010	Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

95926 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs

Global: XXX

Issue: Evoked Potentials and Reflex Studies

Screen: Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
ACNS,
AAPMR

First Identified: February 2010

2010 Medicare Utilization Data: 60,798

2007 Work RVU: 0.54

2013 Work RVU: 0.54

2007 NF PE RVU: 1.59

2013 NF PE RVU: 5.02

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

95928 Central motor evoked potential study (transcranial motor stimulation); upper limbs

Global: XXX

Issue: Evoked Potentials and Reflex Studies

Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013

Complete? No

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
AAPMR,
ACNS

First Identified: February 2010

2010 Medicare Utilization Data: 15,990

2007 Work RVU: 1.50

2013 Work RVU: 1.50

2007 NF PE RVU: 3.25

2013 NF PE RVU: 7.11

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

RUC Recommendation: Resurvey for work and PE for April 2013. 1.50 and New PE Inputs

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs			Global: XXX	Issue: Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request Final Rule 2013	Complete? No
Most Recent RUC Meeting:	January 2013	Tab 34	Specialty Developing Recommendation: AAN, AANEM, AAPMR, ACNS	First Identified: February 2010	2010 Medicare Utilization Data: 16,413	2007 Work RVU: 1.50 2007 NF PE RVU: 3.48 2007 Fac PE RVU: NA	2013 Work RVU: 1.50 2013 NF PE RVU: 7.16 2013 Fac PE RVU: NA
RUC Recommendation: Resurvey for work and PE for April 2013. 1.50 and New PE Inputs				CPT Action (if applicable):	October 2010	Result: Maintain	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle			Global: XXX	Issue:	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data: 381,339	2007 Work RVU: 0.51 2007 NF PE RVU: 0.55 2007 Fac PE RVU: NA	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable):	October 2011 & February 2012	Result: Deleted from CPT	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle			Global: XXX	Issue:	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data: 23,549	2007 Work RVU: 0.55 2007 NF PE RVU: 0.49 2007 Fac PE RVU: NA	2013 Work RVU: 2013 NF PE RVU: 2013 Fac PE RVU:
RUC Recommendation: Deleted from CPT				CPT Action (if applicable):	October 2011 & February 2012	Result: Deleted from CPT	
				Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	

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95938 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
AAPMR,
ACNS

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.86

2007 NF PE RVU:

2013 NF PE RVU: 8.88

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 0.86 and new PE inputs

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95939 Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

Global: XXX

Issue: Evoked Potentials and Reflex Studies

Screen: Codes Reported Together 75% or More-Part1 / CMS Request Final Rule 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
AAPMR,
ACNS

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 2.25

2007 NF PE RVU:

2013 NF PE RVU: 12.57

2007 Fac PE RVU

2013 Fac PE RVU: NA

RUC Recommendation: 2.25 and new PE inputs

CPT Action (if applicable): October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

95940 Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)

Global: XXX

Issue: Intraoperative Neurophysiology Monitoring

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab 12

Specialty Developing Recommendation:

First Identified:

2010 Medicare Utilization Data:

2007 Work RVU:

2013 Work RVU: 0.60

2007 NF PE RVU:

2013 NF PE RVU: NA

2007 Fac PE RVU

2013 Fac PE RVU: 0.30

RUC Recommendation: 0.60

CPT Action (if applicable): February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Global: XXX	Issue: Intraoperative Neurophysiology Monitoring	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 12	Specialty Developing Recommendation:	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: 2.00			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	Global: XXX	Issue: Autonomic Function Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 06	Specialty Developing Recommendation: AAN, AANEM	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Carrier Price 2013 Work RVU: 0.00 2013 NF PE RVU: 0.00 2013 Fac PE RVU: 0.00
RUC Recommendation: Carrier Price			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2012 Published in CPT Asst:	
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours	Global: XXX	Issue: EEG Monitoring	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 26	Specialty Developing Recommendation: AAN, ACNS	First Identified: February 2009	2010 Medicare Utilization Data: 1,502	2007 Work RVU: 1.51 2007 NF PE RVU: 4.18 2007 Fac PE RVU Result: NA 2013 Work RVU: 1.51 2013 NF PE RVU: 8.67 2013 Fac PE RVU: NA
RUC Recommendation: 1.51 and new PE inputs			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	Global: XXX	Issue: EEG Monitoring	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 26 Specialty Developing Recommendation: AAN, ACNS	First Identified: February 2009	2010 Medicare Utilization Data: 18,628	2007 Work RVU: 3.30 2007 NF PE RVU: 7.52 2007 Fac PE RVU NA Result: PE Only	2013 Work RVU: 3.08 2013 NF PE RVU: 9.77 2013 Fac PE RVU: NA
RUC Recommendation: 3.08		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)	Global: XXX	Issue: EEG Monitoring	Screen: High Volume Growth	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab S Specialty Developing Recommendation: AAN, ACNS	First Identified: February 2008	2010 Medicare Utilization Data: 1,905	2007 Work RVU: 2.45 2007 NF PE RVU: 4.38 2007 Fac PE RVU NA Result: Remove from Screen	2013 Work RVU: 2.45 2013 NF PE RVU: 11.43 2013 Fac PE RVU: NA
RUC Recommendation: Remove from screen		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	Global: XXX	Issue: EEG Monitoring	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 26 Specialty Developing Recommendation: AAN, ACNS	First Identified: October 2008	2010 Medicare Utilization Data: 9,569	2007 Work RVU: 3.08 2007 NF PE RVU: 15.47 2007 Fac PE RVU NA Result: PE Only	2013 Work RVU: 3.61 2013 NF PE RVU: 47.24 2013 Fac PE RVU: NA
RUC Recommendation: 3.61. CPT Assistant article published		CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2009		

Status Report: CMS Requests and Relativity Assessment Issues

95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	Global: XXX	Issue: Implanted Neurostimulator Electronic Analysis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	First Identified: February 2010	2010 Medicare Utilization Data: 17,164	2007 Work RVU: 0.45 2007 NF PE RVU: 0.86 2007 Fac PE RVU: 0.14 2013 Work RVU: 0.45 2013 NF PE RVU: 1.62 2013 Fac PE RVU: 0.21
RUC Recommendation: 0.45		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011	Published in CPT Asst:	Result: Maintain

95971	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	Global: XXX	Issue: Implanted Neurostimulator Electronic Analysis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR	First Identified: October 2009	2010 Medicare Utilization Data: 26,356	2007 Work RVU: 0.78 2007 NF PE RVU: 0.66 2007 Fac PE RVU: 0.22 2013 Work RVU: 0.78 2013 NF PE RVU: 0.92 2013 Fac PE RVU: 0.33
RUC Recommendation: 0.78		CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	February 2011	Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour

Global: XXX **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR

First Identified: February 2010

2010 Medicare Utilization Data: 57,891

2007 Work RVU: 1.50

2013 Work RVU: 1.50

2007 NF PE RVU: 1.21

2013 NF PE RVU: 1.59

2007 Fac PE RVU: 0.48

2013 Fac PE RVU: 0.64

RUC Recommendation: 1.50

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2011
Published in CPT Asst:

Result: Maintain

95973 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Implanted Neurostimulator Electronic Analysis

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

AAN, AAPM, NASS, ACO, ACNS, ISIS, AAPMR

First Identified: February 2010

2010 Medicare Utilization Data: 2,286

2007 Work RVU: 0.92

2013 Work RVU: 0.92

2007 NF PE RVU: 0.61

2013 NF PE RVU: 0.85

2007 Fac PE RVU: 0.32

2013 Fac PE RVU: 0.41

RUC Recommendation: 0.92

CPT Action (if applicable):
Referred to CPT Asst ☐

February 2011
Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95990 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2010 Medicare Utilization Data:** 52,301 **2007 Work RVU:** 0.00 **2013 Work RVU:** 0.00 **2007 NF PE RVU:** 1.53 **2013 NF PE RVU:** 2.80 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 0.00

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95991 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2010 Medicare Utilization Data:** 88,496 **2007 Work RVU:** 0.77 **2013 Work RVU:** 0.77 **2007 NF PE RVU:** 1.53 **2013 NF PE RVU:** 2.93 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** 0.34

RUC Recommendation: 0.77

CPT Action (if applicable): October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour **Global:** XXX **Issue:** Assessment of Aphasia **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 33 **Specialty Developing Recommendation:** ASHA, AAN **First Identified:** **2010 Medicare Utilization Data:** 223 **2007 Work RVU:** 0.00 **2013 Work RVU:** 1.75 **2007 NF PE RVU:** 1.83 **2013 NF PE RVU:** 0.97 **2007 Fac PE RVU** NA **2013 Fac PE RVU:** NA

RUC Recommendation: 1.75

CPT Action (if applicable):
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Global: XXX	Issue: Intravenous Infusion Therapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: January 2013

Tab 28

Specialty Developing Recommendation:

ACRh, ASCO, ASH, ISDA

First Identified: September 2011

2010 Medicare Utilization Data: 1,448,200

2007 Work RVU:

2013 Work RVU: 0.21

2007 NF PE RVU:

2013 NF PE RVU: 1.98

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.21

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Intravenous Infusion Therapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: January 2013

Tab 28

Specialty Developing Recommendation:

ACRh, ASCO, ASH, ISDA

First Identified:

2010 Medicare Utilization Data: 724,805

2007 Work RVU:

2013 Work RVU: 0.18

2007 NF PE RVU:

2013 NF PE RVU: 0.45

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.18

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Intravenous Infusion Therapy	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
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Most Recent RUC Meeting: January 2013

Tab 28

Specialty Developing Recommendation:

ACRh, ASCO, ASH, ISDA

First Identified: September 2011

2010 Medicare Utilization Data: 2,148,456

2007 Work RVU:

2013 Work RVU: 0.19

2007 NF PE RVU:

2013 NF PE RVU: 0.74

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.19

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 28

Specialty Developing Recommendation: ACRh, ASCO, ASH, ISDA

First Identified:

2010 Medicare Utilization Data: 217,424

2007 Work RVU:

2013 Work RVU: 0.17

2007 NF PE RVU:

2013 NF PE RVU: 0.37

2007 Fac PE RVU

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.17

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96405 Chemotherapy administration; intralesional, up to and including 7 lesions

Global: 000

Issue: Chemotherapy Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 55

Specialty Developing Recommendation: ASCO

First Identified: NA

2010 Medicare Utilization Data: 1,709

2007 Work RVU: 0.52

2013 Work RVU: 0.52

2007 NF PE RVU: 2.71

2013 NF PE RVU: 1.92

2007 Fac PE RVU 0.24

2013 Fac PE RVU: 0.33

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96406 Chemotherapy administration; intralesional, more than 7 lesions

Global: 000

Issue: Chemotherapy Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 55

Specialty Developing Recommendation: ASCO

First Identified: NA

2010 Medicare Utilization Data: 183

2007 Work RVU: 0.80

2013 Work RVU: 0.80

2007 NF PE RVU: 3.08

2013 NF PE RVU: 2.63

2007 Fac PE RVU 0.29

2013 Fac PE RVU: 0.49

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2010 Medicare Utilization Data:** 2,289,174 **2007 Work RVU:** 0.28 **2013 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2013 NF PE RVU:** 3.88
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.28 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96415 Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2010 Medicare Utilization Data:** 1,398,314 **2007 Work RVU:** 0.19 **2013 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2013 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.19 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96416 Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2010 Medicare Utilization Data:** 119,602 **2007 Work RVU:** 0.21 **2013 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2013 NF PE RVU:** 3.91
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

96417 Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 29

Specialty Developing Recommendation:

ACRh, ASCO, ASH, ASBMT

First Identified: January 2012

2010 Medicare Utilization Data: 634,356

2007 Work RVU: 0.21

2013 Work RVU: 0.21

2007 NF PE RVU: 1.89

2013 NF PE RVU: 1.85

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.21 and new PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96440 Chemotherapy administration into pleural cavity, requiring and including thoracentesis

Global: 000

Issue: Chemotherapy Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab R

Specialty Developing Recommendation:

First Identified: NA

2010 Medicare Utilization Data: 64

2007 Work RVU: 2.37

2013 Work RVU: 2.37

2007 NF PE RVU: 7.48

2013 NF PE RVU: 23.70

2007 Fac PE RVU 1.17

2013 Fac PE RVU: 1.18

Result: PE Only

RUC Recommendation: New PE inputs

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

96567 Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session

Global: XXX

Issue: Photodynamic Therapy

Screen: High Volume Growth / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 57

Specialty Developing Recommendation: AAD

First Identified: February 2008

2010 Medicare Utilization Data: 74,922

2007 Work RVU: 0.00

2013 Work RVU: 0.00

2007 NF PE RVU: 2.4

2013 NF PE RVU: 4.22

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 18 **Specialty Developing** AAD
RUC Meeting: January 2012 **Recommendation:**

First
Identified: October 2008

2010 Medicare
Utilization Data: 46,873

2007 Work RVU: 1.15
2007 NF PE RVU: 2.8
2007 Fac PE RVU 0.57

2013 Work RVU: 1.15
2013 NF PE RVU: 3.47
2013 Fac PE RVU: 0.75

RUC Recommendation: 1.15 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☒

Published in CPT Asst: Jun 2012
Result: Maintain

96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm

Global: 000

Issue: Laser Treatment – Skin

Screen: High Volume Growth / CMS Fastest Growing

Complete? Yes

Most Recent **Tab** 18 **Specialty Developing** AAD
RUC Meeting: January 2012 **Recommendation:**

First
Identified: February 2008

2010 Medicare
Utilization Data: 14,562

2007 Work RVU: 1.17
2007 NF PE RVU: 2.82
2007 Fac PE RVU 0.57

2013 Work RVU: 1.30
2013 NF PE RVU: 3.78
2013 Fac PE RVU: 0.85

RUC Recommendation: 1.30 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☒

Published in CPT Asst: Jun 2012
Result: Increase

96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

Global: 000

Issue: Laser Treatment – Skin

Screen: High Volume Growth / CMS Fastest Growing

Complete? Yes

Most Recent **Tab** 18 **Specialty Developing** AAD
RUC Meeting: January 2012 **Recommendation:**

First
Identified: October 2008

2010 Medicare
Utilization Data: 8,904

2007 Work RVU: 2.10
2007 NF PE RVU: 3.77
2007 Fac PE RVU 0.73

2013 Work RVU: 2.10
2013 NF PE RVU: 4.92
2013 Fac PE RVU: 1.38

RUC Recommendation: 2.10 and develop CPT Assistant article.

CPT Action (if applicable):
Referred to CPT Asst ☒

Published in CPT Asst: Jun 2012
Result: Maintain

97001 Physical therapy evaluation

Global: XXX

Issue: RAW review

Screen: CMS High Expenditure Procedural Codes

Complete? No

Most Recent **Tab** 30 **Specialty Developing**
RUC Meeting: January 2012 **Recommendation:**

First
Identified: September 2011

2010 Medicare
Utilization Data: 1,919,502

2007 Work RVU: 1.20
2007 NF PE RVU: 0.73
2007 Fac PE RVU NA

2013 Work RVU: 1.20
2013 NF PE RVU: 0.94
2013 Fac PE RVU: NA

RUC Recommendation: Refer to CPT

CPT Action (if applicable):
Referred to CPT Asst ☐

Published in CPT Asst: May 2013
Result:

Status Report: CMS Requests and Relativity Assessment Issues

97016	Application of a modality to 1 or more areas; vasopneumatic devices			Global: XXX	Issue: Physical Medicine and Rehabilitation Therapeutic Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes				
Most Recent RUC Meeting:	April 2010	Tab 45	Specialty Developing Recommendation:	AOTA, APTA, AAPM&R	First Identified:	February 2010	2010 Medicare Utilization Data:	268,855	2007 Work RVU:	0.18	2013 Work RVU:	0.18
									2007 NF PE RVU:	0.2	2013 NF PE RVU:	0.38
									2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:				Maintain	CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:				
97018	Application of a modality to 1 or more areas; paraffin bath			Global: XXX	Issue: Physical Medicine and Rehabilitation Therapeutic Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete?	Yes				
Most Recent RUC Meeting:	April 2010	Tab 45	Specialty Developing Recommendation:	AOTA, APTA, AAPM&R	First Identified:	February 2010	2010 Medicare Utilization Data:	129,301	2007 Work RVU:	0.06	2013 Work RVU:	0.06
									2007 NF PE RVU:	0.12	2013 NF PE RVU:	0.26
									2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:				Maintain	CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:				
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes			Global: XXX	Issue:	Screen: Low Value-High Volume	Complete?	Yes				
Most Recent RUC Meeting:	February 2011	Tab 41	Specialty Developing Recommendation:		First Identified:	October 2010	2010 Medicare Utilization Data:	4,167,552	2007 Work RVU:	0.21	2013 Work RVU:	0.21
									2007 NF PE RVU:	0.1	2013 NF PE RVU:	0.15
									2007 Fac PE RVU	NA	2013 Fac PE RVU:	NA
RUC Recommendation:				Reaffirmed RUC recommendation	CPT Action (if applicable): Referred to CPT Asst		<input type="checkbox"/>	Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Global: XXX	Issue: Physical Medicine and Rehabilitation Therapeutic Procedures	Screen: Codes Reported Together 75% or More-Part1 / MPC List	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AOTA, APTA, AAPM&R	First Identified: February 2010	2010 Medicare Utilization Data: 41,384,918	2007 Work RVU: 0.45 2007 NF PE RVU: 0.28 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 0.45 2013 NF PE RVU: 0.48 2013 Fac PE RVU: NA
RUC Recommendation: Maintain			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 6,652,138	2007 Work RVU: 0.45 2007 NF PE RVU: 0.32 2007 Fac PE RVU Result: 2013 Work RVU: 0.45 2013 NF PE RVU: 0.52 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	May 2013 Published in CPT Asst:	
<hr/>					
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Global: XXX	Issue: Physical Medicine and Rehabilitation Therapeutic Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AOTA, APTA, AAPM&R	First Identified: February 2010	2010 Medicare Utilization Data: 1,491,816	2007 Work RVU: 0.40 2007 NF PE RVU: 0.25 2007 Fac PE RVU Result: Maintain 2013 Work RVU: 0.40 2013 NF PE RVU: 0.42 2013 Fac PE RVU: NA
RUC Recommendation: 0.40			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes				Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 17,327,960	2007 Work RVU: 0.43	2013 Work RVU: 0.43	
					2007 NF PE RVU: 0.26	2013 NF PE RVU: 0.44	
					2007 Fac PE RVU Result: NA	2013 Fac PE RVU: NA	
RUC Recommendation: Refer to CPT			CPT Action (if applicable): May 2013				
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
97150 Therapeutic procedure(s), group (2 or more individuals)				Global: XXX	Issue: Group Therapeutic Procedure	Screen: CMS-Other - Utilization over 500,000	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 32	Specialty Developing Recommendation:	APTA, AOTA First Identified: April 2011	2010 Medicare Utilization Data: 674,472	2007 Work RVU: 0.27	2013 Work RVU: 0.29	
					2007 NF PE RVU: 0.19	2013 NF PE RVU: 0.17	
					2007 Fac PE RVU Result: NA	2013 Fac PE RVU: NA	
RUC Recommendation: 0.29			CPT Action (if applicable):				
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes				Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes	Complete? No
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: September 2011	2010 Medicare Utilization Data: 6,771,927	2007 Work RVU: 0.44	2013 Work RVU: 0.44	
					2007 NF PE RVU: 0.34	2013 NF PE RVU: 0.58	
					2007 Fac PE RVU Result: NA	2013 Fac PE RVU: NA	
RUC Recommendation: Refer to CPT			CPT Action (if applicable): May 2013				
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Global: XXX	Issue: Pulmonary Diagnostic Testing	Screen: Codes Reported Together 75% or More-Part2	Complete? No
Most Recent RUC Meeting: October 2012	Tab	Specialty Developing Recommendation: AAFP, ACCP, ATS, ACP, APTA, AOTA	First Identified:	2010 Medicare Utilization Data:	2007 Work RVU: 0.45 2007 NF PE RVU: 0.34 2007 Fac PE RVU: NA 2013 Work RVU: 0.45 2013 NF PE RVU: 0.56 2013 Fac PE RVU: NA
RUC Recommendation: Refer to CPT Assistant			CPT Action (if applicable): Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst:	Result:
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	Global: 000	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 04	Specialty Developing Recommendation: APTA, APMA	First Identified: September 2007	2010 Medicare Utilization Data: 244,601	2007 Work RVU: 0.58 2007 NF PE RVU: 0.77 2007 Fac PE RVU: 0.53 2013 Work RVU: 0.51 2013 NF PE RVU: 1.74 2013 Fac PE RVU: 0.13
RUC Recommendation: 0.54			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2009	Result: Decrease
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 04	Specialty Developing Recommendation: APTA, APMA	First Identified: September 2007	2010 Medicare Utilization Data: 29,984	2007 Work RVU: 0.80 2007 NF PE RVU: 0.91 2007 Fac PE RVU: 0.64 2013 Work RVU: 0.24 2013 NF PE RVU: 0.48 2013 Fac PE RVU: 0.06
RUC Recommendation: 0.40			CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: October 2009	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

97755 Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes **Global:** XXX **Issue:** Assistive Technology Assessment **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab S

Specialty Developing Recommendation: AAPMR, APTA, AOTA

First Identified: February 2008

2010 Medicare Utilization Data: 3,353

2007 Work RVU: 0.62

2013 Work RVU: 0.62

2007 NF PE RVU: 0.28

2013 NF PE RVU: 0.40

2007 Fac PE RVU NA

2013 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 53

Specialty Developing Recommendation: ADA, AGA, AACE

First Identified: NA

2010 Medicare Utilization Data: 191,079

2007 Work RVU: 0.45

2013 Work RVU: 0.53

2007 NF PE RVU: 0.39

2013 NF PE RVU: 0.48

2007 Fac PE RVU 0.38

2013 Fac PE RVU: 0.40

Result: Increase

RUC Recommendation: 0.53

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 53

Specialty Developing Recommendation: ADA, AGA, AACE

First Identified: NA

2010 Medicare Utilization Data: 125,356

2007 Work RVU: 0.37

2013 Work RVU: 0.45

2007 NF PE RVU: 0.38

2013 NF PE RVU: 0.42

2007 Fac PE RVU 0.38

2013 Fac PE RVU: 0.34

Result: Increase

RUC Recommendation: 0.45

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved			Global: 000	Issue: Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 34	Specialty Developing Recommendation:	AOA	First Identified: February 2010	2010 Medicare Utilization Data: 75,778	2007 Work RVU: 0.45 2007 NF PE RVU: 0.31 2007 Fac PE RVU: 0.14 Result: Increase	2013 Work RVU: 0.46 2013 NF PE RVU: 0.42 2013 Fac PE RVU: 0.19
RUC Recommendation: 0.50				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved			Global: 000	Issue: Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 34	Specialty Developing Recommendation:	AOA	First Identified: October 2009	2010 Medicare Utilization Data: 120,765	2007 Work RVU: 0.65 2007 NF PE RVU: 0.4 2007 Fac PE RVU: 0.23 Result: Increase	2013 Work RVU: 0.71 2013 NF PE RVU: 0.57 2013 Fac PE RVU: 0.28
RUC Recommendation: 0.75				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved			Global: 000	Issue: Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 34	Specialty Developing Recommendation:	AOA	First Identified: October 2009	2010 Medicare Utilization Data: 106,373	2007 Work RVU: 0.87 2007 NF PE RVU: 0.49 2007 Fac PE RVU: 0.28 Result: Increase	2013 Work RVU: 0.96 2013 NF PE RVU: 0.72 2013 Fac PE RVU: 0.35
RUC Recommendation: 1.00				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved			Global: 000	Issue: Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 34	Specialty Developing Recommendation:	AOA	First Identified: February 2010	2010 Medicare Utilization Data: 90,831	2007 Work RVU: 1.03 2007 NF PE RVU: 0.57 2007 Fac PE RVU: 0.32 Result: Increase	2013 Work RVU: 1.21 2013 NF PE RVU: 0.85 2013 Fac PE RVU: 0.45
RUC Recommendation: 1.25				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved				Global: 000	Issue: Osteopathic Manipulative Treatment	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 34	Specialty Developing Recommendation:	AOA	First Identified: February 2010	2010 Medicare Utilization Data: 56,303	2007 Work RVU: 1.19 2007 NF PE RVU: 0.65 2007 Fac PE RVU 0.35 Result: Increase	2013 Work RVU: 1.46 2013 NF PE RVU: 0.98 2013 Fac PE RVU: 0.52
RUC Recommendation: 1.50				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions				Global: 000	Issue: Chiropractic Manipulative Treatment	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 25	Specialty Developing Recommendation:	ACA	First Identified: September 2011	2010 Medicare Utilization Data: 6,498,682	2007 Work RVU: 0.45 2007 NF PE RVU: 0.23 2007 Fac PE RVU 0.12 Result: Increase	2013 Work RVU: 0.45 2013 NF PE RVU: 0.31 2013 Fac PE RVU: 0.15
RUC Recommendation: 0.46				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions				Global: 000	Issue: Chiropractic Manipulative Treatment	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 25	Specialty Developing Recommendation:	ACA	First Identified: September 2011	2010 Medicare Utilization Data: 14,461,065	2007 Work RVU: 0.65 2007 NF PE RVU: 0.29 2007 Fac PE RVU 0.17 Result: Increase	2013 Work RVU: 0.65 2013 NF PE RVU: 0.39 2013 Fac PE RVU: 0.21
RUC Recommendation: 0.71				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions				Global: 000	Issue: Chiropractic Manipulative Treatment	Screen: CMS High Expenditure Procedural Codes	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab 25	Specialty Developing Recommendation:	ACA	First Identified: September 2011	2010 Medicare Utilization Data: 1,823,194	2007 Work RVU: 0.87 2007 NF PE RVU: 0.36 2007 Fac PE RVU 0.23 Result: Increase	2013 Work RVU: 0.87 2013 NF PE RVU: 0.47 2013 Fac PE RVU: 0.29
RUC Recommendation: 0.96				CPT Action (if applicable): Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2010 Medicare Utilization Data:** **2007 Work RVU:** 0.40 **2013 Work RVU:** 0.40
2007 NF PE RVU: 0.22 **2013 NF PE RVU:** 0.28
2007 Fac PE RVU: 0.14 **2013 Fac PE RVU:** 0.16
Result: Increase

RUC Recommendation: 0.46 **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

99174 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral **Global:** XXX **Issue:** Ocular photoscreening **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 54 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2010 Medicare Utilization Data:** **2007 Work RVU:** **2013 Work RVU:** 0.00
2007 NF PE RVU: **2013 NF PE RVU:** 0.89
2007 Fac PE RVU: **2013 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2010 Medicare Utilization Data:** 1,068,524 **2007 Work RVU:** 0.45 **2013 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2013 NF PE RVU:** 0.64
2007 Fac PE RVU: NA **2013 Fac PE RVU:** 0.32
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0127 Trimming of dystrophic nails, any number **Global:** 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2010 Medicare Utilization Data:** 746,346 **2007 Work RVU:** 0.17 **2013 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2013 NF PE RVU:** 0.51
2007 Fac PE RVU: 0.07 **2013 Fac PE RVU:** 0.04
Result: Remove from Screen

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0179 Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing** AAFP, ACP, **First** **2010 Medicare** **2007 Work RVU:** 0.45 **2013 Work RVU:** 0.45
RUC Meeting: February 2010 **Recommendation:** AAHCP **Identified:** October 2008 **Utilization Data:** 1,466,725 **2007 NF PE RVU:** 0.89 **2013 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen
RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0180 Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 31 **Specialty Developing** AAFP, ACP, **First** **2010 Medicare** **2007 Work RVU:** 0.67 **2013 Work RVU:** 0.67
RUC Meeting: February 2010 **Recommendation:** AAHCP **Identified:** October 2008 **Utilization Data:** 1,467,831 **2007 NF PE RVU:** 1.09 **2013 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen
RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0181 Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more **Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 38 **Specialty Developing** AAFP, ACP **First** **2010 Medicare** **2007 Work RVU:** 1.73 **2013 Work RVU:** 1.73
RUC Meeting: February 2009 **Recommendation:** **Identified:** October 2008 **Utilization Data:** 428,811 **2007 NF PE RVU:** 1.32 **2013 NF PE RVU:** 1.27
2007 Fac PE RVU NA **2013 Fac PE RVU:** NA
Result: Remove from Screen
RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0202 Screening mammography, producing direct digital image, bilateral, all views **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** ACR **First** **2010 Medicare**
RUC Meeting: April 2008 **Recommendation:** **Identified:** February 2008 **Utilization Data:** 4,616,796

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.70 **2013 Work RVU:** 0.70
2007 NF PE RVU: 2.74 **2013 NF PE RVU:** 3.33
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

G0204 Diagnostic mammography, producing direct digital image, bilateral, all views **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** ACR **First** **2010 Medicare**
RUC Meeting: April 2008 **Recommendation:** **Identified:** February 2008 **Utilization Data:** 592,274

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.87 **2013 Work RVU:** 0.87
2007 NF PE RVU: 2.87 **2013 NF PE RVU:** 4.04
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

G0206 Diagnostic mammography, producing direct digital image, unilateral, all views **Global:** XXX **Issue:** Digital Mammography **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** ACR **First** **2010 Medicare**
RUC Meeting: April 2008 **Recommendation:** **Identified:** February 2008 **Utilization Data:** 722,976

RUC Recommendation: Remove from screen **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.70 **2013 Work RVU:** 0.70
2007 NF PE RVU: 2.31 **2013 NF PE RVU:** 3.17
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 38 **Specialty Developing** ACCP/ATS **First** **2010 Medicare**
RUC Meeting: February 2009 **Recommendation:** **Identified:** February 2008 **Utilization Data:** 148,539

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **CPT Action (if applicable):**
Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2013 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2013 NF PE RVU:** 0.31
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab 38 Specialty Developing Recommendation: ACCP/ATS

First Identified: February 2008

2010 Medicare Utilization Data: 179,669

2007 Work RVU: 0.00 **2013 Work RVU:** 0.00

2007 NF PE RVU: 0.43 **2013 NF PE RVU:** 0.33

2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA

Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

G0249 Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests

Global: XXX **Issue:** Home INR Monitoring

Screen: CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 57 Specialty Developing Recommendation: ACC

First Identified: February 2008

2010 Medicare Utilization Data: 407,880

2007 Work RVU: 0.00 **2013 Work RVU:** 0.00

2007 NF PE RVU: 3.57 **2013 NF PE RVU:** 3.30

2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

G0250 Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests

Global: XXX **Issue:** Home INR Monitoring

Screen: CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 57 Specialty Developing Recommendation: ACC

First Identified: February 2008

2010 Medicare Utilization Data: 150,210

2007 Work RVU: 0.18 **2013 Work RVU:** 0.18

2007 NF PE RVU: 0.07 **2013 NF PE RVU:** 0.07

2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

G0268 Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing **Global:** 000 **Issue:** Removal of Wax **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent
RUC Meeting: February 2009

Tab 26 **Specialty Developing** AAO-HNS
Recommendation:

First
Identified: October 2008

2010 Medicare
Utilization Data: 113,793

2007 Work RVU: 0.61 **2013 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2013 NF PE RVU:** 0.91
2007 Fac PE RVU: 0.23 **2013 Fac PE RVU:** 0.30
Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent
RUC Meeting: February 2008

Tab S **Specialty Developing** ADA
Recommendation:

First
Identified: February 2008

2010 Medicare
Utilization Data: 11,407

2007 Work RVU: 0.37 **2013 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2013 NF PE RVU:** 0.42
2007 Fac PE RVU: 0.38 **2013 Fac PE RVU:** 0.34
Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent
RUC Meeting: February 2011

Tab 41 **Specialty Developing**
Recommendation:

First
Identified: October 2010

2010 Medicare
Utilization Data: 6,269,648

2007 Work RVU: 0.18 **2013 Work RVU:** 0.18
2007 NF PE RVU: 0.12 **2013 NF PE RVU:** 0.21
2007 Fac PE RVU: NA **2013 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

CPT Action (if applicable):

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

G0456			Global: YYY		Issue:		Screen: CMS Request Final Rule for 2013		Complete? No			
Most Recent RUC Meeting: January 2013		Tab 34	Specialty Developing Recommendation:		First Identified: November 2012		2010 Medicare Utilization Data:		2007 Work RVU:		2013 Work RVU:	
									2007 NF PE RVU:		2013 NF PE RVU:	
									2007 Fac PE RVU Result:		2013 Fac PE RVU:	
RUC Recommendation: Place on LOI to allow any specialties that may have an interest a chance to survey and develop new PE inputs.					CPT Action (if applicable):							
					Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:					
<hr/>												
G0457			Global: YYY		Issue:		Screen: CMS Request Final Rule for 2013		Complete? No			
Most Recent RUC Meeting: January 2013		Tab 34	Specialty Developing Recommendation:		First Identified: November 2012		2010 Medicare Utilization Data:		2007 Work RVU:		2013 Work RVU:	
									2007 NF PE RVU:		2013 NF PE RVU:	
									2007 Fac PE RVU Result:		2013 Fac PE RVU:	
RUC Recommendation: Place on LOI to allow any specialties that may have an interest a chance to survey and develop new PE inputs.					CPT Action (if applicable):							
					Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:					
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RUC Recommended Physician Time for CPT 2014 - March 2013 Submission

[illegible]

Global Surgical Package:
Codes Missing Hosptial Visits

CPT Code	Global	2011 Frequency	Pre Eval	Pre Positioning	Intra Time	Imm Post	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time	Length of Hospital Stay	Time Source	RUC Review
19367	090	290	60		300	30	0	1	2	1	0	3	0	0	1	0	0	0	590	5	RUC	May94
19368	090	27	60		420	30	0	1	2	2	0	4	0	0	1	0	0	0	770	6	RUC	May94
19369	090	20	60		360	30	0	1	2	2	0	3	0	0	1	0	0	0	690	5	RUC	May94
20100	010	271	45		90	30	0	0	1	0	0	2	0	0	1	0	0	0	266	4	RUC	Apr95
20802	090		90		600	36	0	3	3	1	0	6	0	0	1	0	0	0	1041	8	RUC	Feb94
20805	090	3	60		600	37	0	3	3	1	0	6	0	0	1	0	0	0	1012	8	RUC	Feb94
20808	090	3	60		720	37	0	3	3	1	0	5	0	0	1	0	0	0	1112	7	RUC	Feb94
20816	090	16	60		360	38	0	2	3	0	0	5	0	0	1	0	0	0	697	7	RUC	Feb94
20822	090	10	45		300	30	0	3	3	0	0	3	0	0	1	0	0	0	590	5	RUC	Feb94
20824	090	2	60		360	31	0	2	3	0	0	5	0	0	1	0	0	0	690	7	RUC	Feb94
20827	090	12	60		300	30	0	3	3	0	0	4	0	0	1	0	0	0	625	6	RUC	Feb94
20838	090	1	75		520	36	0	3	3	1	0	8	0	0	1	0	0	0	986	10	RUC	Feb94
20955	090	116	100		480	32	0	3	3	0	0	6	0	0	1	0	1	0	957	9	RUC	Feb94
20969	090	403	120		540	32	0	2	2	2	0	8	0	0	1	0	0	0	1048	10	RUC	Feb94
20970	090	14	100		500	32	0	2	2	2	0	8	0	0	1	0	0	0	988	10	RUC	Feb94
20972	090	1	90		480	32	0	2	2	2	0	5	0	0	1	0	0	0	898	7	RUC	Feb94
20973	090	2	120		540	32	0	2	2	2	0	5	0	0	1	0	0	0	988	7	RUC	Feb94
21137	090	8	30		120	60	1	2	1	0	0	0	0	0	1	0	0	0	310	2	RUC	Nov93
21138	090	9	53		180	60	1	1	2	0	0	0	0	0	1	0	0	0	400	2	RUC	Nov93
21139	090	2	60		210	76	1	2	1	0	0	1	0	0	1	0	0	0	466	3	RUC	Nov93
21150	090		90		240	73	2	2	2	0	0	1	0	0	1	0	1	0	623	4	RUC	Nov93
21151	090	2	90		280	76	2	2	2	0	0	2	0	0	1	0	1	0	686	5	RUC	Nov93
21154	090	2	90		360	86	2	2	1	0	1	2.5	0	0	1	0	1.5	0	853	6	RUC	Nov93
21155	090	1	90		420	87	2	2	1	0	1	2	0	0	1	0	2	0	939	6	RUC	Nov93
21159	090	1	120		420	84	2	2	1	0	1	3	0	0	1	0	2	0	986	7	RUC	Nov93
21160	090		120		480	84	2	2	1	0	1	0	2.5	0	1	0	2.5	0	1121	7	RUC	Nov93
21172	090	25	60		240	69	2	2	1	0	0	0	1.5	0	1	0	1.5	0	641	5	RUC	Nov93
21175	090	7	75		300	69	2	2	1	0	0	0	1	0	1	0	2	0	731	5	RUC	Nov93
21179	090	9	60		215	75	1	2	1	0	0	0	0	0	1	0	2	0	590	4	RUC	Nov93
21180	090	6	60		280	90	1	2	1	0	0	0	0	0	1	0	2	0	670	4	RUC	Nov93
21181	090	11	60		165	60	2	1	1	0	0	1	0	0	1	0	0	0	396	3	RUC	Nov93
21182	090	19	90		360	64	2	2	1	0	0	0	1	0	1	0	2	0	801	5	RUC	Nov93
21183	090	4	90		390	84	2	2	1	0	0	0	2	0	1	0	2	0	891	6	RUC	Nov93
21184	090		90		480	99	2	2	1	0	0	0	2	0	1	0	2	0	996	6	RUC	Nov93
21188	090	8	90		240	92	2	0	1	0	1	1	0	0	1	0	0	0	572	3	RUC	Nov93
22100	090	58	80		90	32	0	0	4	0	0	2	0	0	1	0	0	0	372	4	RUC	Apr95
22101	090	68	75		90	32	0	0	4	0	0	3	0	0	1	0	0	0	387	5	RUC	Apr95
22102	090	297	75		90	32	0	0	4	0	0	3	0	0	1	0	0	0	387	5	RUC	Apr95
22110	090	110	80		120	29	0	0	4	0	0	6	0	0	1	0	0	0	479		RUC	Apr95
22112	090	22	90		150	30	0	0	4	0	0	6.5	0	0	1	0	0	0	530		RUC	Apr95
22114	090	70	90		150	30	0	0	4	0	0	6.5	0	0	1	0	0	0	530		RUC	Apr95
22210	090	194	105		180	31	0	0	5	0	0	7	0	0	1	0	0	0	609		RUC	Apr95
22212	090	601	105		210	32	0	0	5	0	0	7	0	0	1	0	0	0	640		RUC	Apr95

Global Surgical Package:
Codes Missing Hosptial Visits

CPT Code	Global	2011 Frequency	Pre Eval	Pre Positioning	Intra Time	Imm Post	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time	Length of Hospital Stay	Time Source	RUC Review
22214	090	2295	100		200	31	0	0	5	0	0	7	0	0	1	0	0	0	624		RUC	Apr95
22220	090	143	105		165	32	0	0	5	0	0	6.5	0	0	1	0	0	0	585		RUC	Apr95
22222	090	23	105		210	33	0	0	5	0	0	7.5	0	0	1	0	0	0	651		RUC	Apr95
22224	090	336	105		225	33	0	0	5	0	0	7.5	0	0	1	0	0	0	666		RUC	Apr95
22315	090	750	55		30	17	0	0	4	0	0	1	0	0	1	0	0	0	252		RUC	Apr95
22325	090	1989	89		150	26	0	0	5	0	0	5.5	0	0	1	0	0	0	528		RUC	Apr95
22326	090	1165	95		120	25	0	0	4	0	0	5.5	0	0	1	0	0	0	480		RUC	Apr95
22327	090	724	95		150	26	0	0	5	0	0	9	0	0	1	0	0	0	604		RUC	Aug95
22548	090	38	100		180	33	0	0	4	0	0	8	0	0	1	0	1	0	673		RUC	Apr95
22556	090	653	85		180	32	0	0	4	0	0	3	0	0	1	0	1	0	557	6	RUC	Apr95
22558	090	10782	80		180	25	0	0	4	0	0	2	0	0	1	0	1	0	525	5	RUC	Apr95
22590	090	726	95		180	36	0	0	4	0	0	3	0	0	1	0	0	0	501	5	RUC	Apr95
22595	090	1274	90		150	31	0	0	4	0	0	6	0	0	1	0	0	0	521	5	RUC	Apr95
22600	090	9209	90		120	30	0	0	4	0	0	6	0	0	1	0	0	0	490	4	RUC	Apr95
22610	090	4222	88		150	31	0	0	4	0	0	7.5	0	0	1	0	0	0	549	5	RUC	Apr95
22630	090	33241	85		180	32	0	0	4	0	0	3	0	0	1	0	0	0	487	5	RUC	Apr95
22800	090	723	90		180	31	0	0	4	0	0	7	0	0	1	0	0	0	571		RUC	Apr95
22802	090	922	90		200	38	0	0	4	0	0	4	0	0	1	0	0	0	538	6	RUC	Apr95
22804	090	277	95		240	30	0	0	4	0	0	5	0	0	1	0	0	0	595	7	RUC	Apr95
22808	090	243	90		180	30	0	0	4	0	0	5	0	0	1	0	0	0	530	7	RUC	Apr95
22810	090	138	90		240	35	0	0	4	0	0	5	0	0	1	0	0	0	595	7	RUC	Apr95
22812	090	13	90		270	37	0	0	5	0	0	7.5	0	0	1	0	0	0	700	7	RUC	Apr95
31582	090	23	45		210	27	0	3	2	2	0	8	0	0	1	0	0	0	654	10	RUC	Nov93
32650	090	6903	60		90	30	0	2	0	0	0	2	0	0	1	0	0	0	290	4	RUC	Jun93
32656	090	577	60		150	30	0	1	1	0	0	3	0	0	1	0	0	0	377	5	RUC	Jun93
32658	090	47	90		120	30	0	2	0	0	0	1	0	0	1	0	0	0	330	3	RUC	Jun93
32659	090	465	90		120	30	0	1	1	0	0	2	0	0	1	0	0	0	357	4	RUC	Jun93
32661	090	55	60		120	30	0	2	0	0	0	1	0	0	1	0	0	0	300	3	RUC	Jun93
32664	090	87	90		120	30	0	2	0	0	0	1	0	0	1	0	0	0	330	3	RUC	Jun93
32820	090	45	90		215	40	0	0	2	1	0	3.5	0	0	1	0	4.5	0	854	10	RUC	Feb94
33236	090	57	30		120	30	0	3	0	0	0	4	0	0	1	0	0	0	346	6	RUC	May94
33237	090	54	60		180	30	0	3	0	0	0	5	0	0	1	0	0	0	456	7	RUC	May94
33238	090	99	60		180	30	0	4	0	0	0	5	0	0	1	0	0	0	472	7	RUC	May94
33243	090	316	90		210	30	0	0	3	0	0	5	0	0	1	0	0	0	537	7	RUC	May94
33321	090	3	240		240	30	0	0	2	0	0	8	0	0	1	0	0	0	754	10	RUC	May94
33332	090	1	90		240	30	0	0	2	0	0	8	0	0	1	0	0	0	604	10	RUC	May94
33401	090	3	120		180	53	0	0	0	0	2	8	0	0	1	0	0	0	661	10	RUC	Jun93
33403	090	11	120		180	30	0	0	0	0	2	8	0	0	1	0	0	0	638	10	RUC	Jun93
33417	090	178	120		240	47	0	0	0	2	0	2.5	0	0	1	0	2.5	0	750	7	RUC	Jun93
33470	090		120		180	46	0	0	0	0	2	1.5	0	0	1	0	3.5	0	769	7	RUC	Jun93
33471	090		120		180	21	0	0	1	1	0	4	0	0	1	0	1	0	572	7	RUC	Jun93
33472	090	1	120		165	52	0	0	0	2	0	0.5	0	0	1	0	4.5	0	780	7	RUC	Jun93
33476	090	7	120		225	46	0	0	0	2	0	0	0	0	1	0	5	0	859	7	RUC	Jun93

Global Surgical Package:
Codes Missing Hospital Visits

CPT Code	Global	2011 Frequency	Pre Eval	Pre Positioning	Intra Time	Imm Post	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time	Length of Hospital Stay	Time Source	RUC Review
33478	090	24	120		240	54	0	0	0	2	0	0	0	0	1	0	5	0	882	7	RUC	Jun93
33502	090	60	120		180	45	0	0	0	2	0	2.5	0	0	1	0	2.5	0	688	7	RUC	Jun93
33503	090	3	120		240	45	0	0	0	0	2	5.5	0	0	1	0	2.5	0	838	10	RUC	Jun93
33504	090	17	120		240	46	0	0	0	2	0	4.5	0	0	1	0	2.5	0	789	9	RUC	Jun93
33600	090	13	120		240	30	0	0	0	2	0	6	0	0	1	0	0	0	628	8	RUC	Jun93
33602	090	21	120		240	30	0	0	0	2	0	6	0	0	1	0	0	0	628	8	RUC	Jun93
33606	090	1	135		285	30	0	0	0	2	0	8	0	0	1	0	0	0	728	10	RUC	Jun93
33608	090	6	120		300	30	0	0	0	2	0	5	0	0	1	0	0	0	668	7	RUC	Jun93
33610	090		120		240	30	0	0	0	2	0	7	0	0	1	0	0	0	648	9	RUC	Jun93
33690	090	6	120		120	53	0	0	0	2	0	2.5	0	0	1	0	2.5	0	636	7	RUC	Jun93
33702	090	11	120		210	65	0	0	1	1	0	0.5	0	0	1	0	3.5	0	751	6	RUC	Jun93
33720	090	53	120		210	59	0	0	1	1	0	0	0	0	1	0	4	0	770	6	RUC	Jun93
33722	090	1	120		240	30	0	0	0	2	0	5	0	0	1	0	0	0	608	7	RUC	Jun93
33732	090	2	120		210	30	0	0	0	2	0	5	0	0	1	0	0	0	578	7	RUC	Jun93
33735	090	7	120		180	57	0	0	0	2	0	2.5	0	0	1	0	3.5	0	770	8	RUC	Jun93
33736	090	30	120		180	30	0	0	0	2	0	5	0	0	1	0	0	0	548	7	RUC	Jun93
33737	090		120		180	55	0	0	1	1	0	2	0	0	1	0	3	0	706	7	RUC	Jun93
33750	090	3	120		180	54	0	0	0	2	0	2	0	0	1	0	3	0	722	7	RUC	Jun93
33755	090		120		180	57	0	0	0	2	0	1.5	0	0	1	0	3.5	0	750	7	RUC	Jun93
33762	090		120		180	62	0	0	0	2	0	1.5	0	0	1	0	3.5	0	755	7	RUC	Jun93
33764	090	1	120		180	57	0	0	0	2	0	1.5	0	0	1	0	3.5	0	750	7	RUC	Jun93
33766	090		120		180	63	0	0	0	2	0	1.5	0	0	1	0	3.5	0	756	7	RUC	Jun93
33767	090	6	120		240	30	0	0	0	2	0	5	0	0	1	0	0	0	608	7	RUC	Jun93
33774	090	26	120		240	40	0	0	0	1	1	0.5	0	0	1	0	6.5	0	998	9	RUC	Jun93
33775	090		120		300	40	0	0	0	2	0	0.5	0	0	1	0	6.5	0	1043	9	RUC	Jun93
33776	090		120		300	43	0	0	0	0	2	1.5	0	0	1	0	6.5	0	1096	10	RUC	Jun93
33777	090		120		300	40	0	0	0	0	2	3.5	0	0	1	0	4.5	0	993	10	RUC	Jun93
33788	090	4	120		240	33	0	0	0	2	0	2.5	0	0	1	0	2.5	0	736	7	RUC	Jun93
33802	090	3	105		150	45	0	0	1	1	0	2.5	0	0	1	0	1.5	0	556	6	RUC	Jun93
33803	090	5	105		180	45	0	0	1	1	0	2.5	0	0	1	0	1.5	0	586	6	RUC	Jun93
33813	090		120		180	33	0	0	1	1	0	1	0	0	1	0	3	0	664	6	RUC	Jun93
33814	090	4	120		210	40	0	0	0	2	0	0	0	0	1	0	5	0	838	7	RUC	Jun93
33820	090	14	90		120	36	0	0	0	1	0	1	0	0	1	0	1	0	414	4	RUC	Jun93
33822	090		90		120	35	0	0	0	1	0	0	0	0	1	0	2	0	463	4	RUC	Jun93
33824	090	3	105		180	44	0	0	1	1	0	0.5	0	0	1	0	2.5	0	615	5	RUC	Jun93
33840	090	1	105		180	48	0	0	1	1	0	1.5	0	0	1	0	2.5	0	639	6	RUC	Jun93
33845	090	10	120		210	48	0	0	0	2	0	1	0	0	1	0	3	0	726	6	RUC	Jun93
33851	090	2	120		180	49	0	0	1	1	0	2	0	0	1	0	3	0	700	7	RUC	Jun93
33852	090	7	120		210	38	0	0	1	1	0	2	0	0	1	0	3	0	719	7	RUC	Jun93
33853	090	17	120		240	30	0	0	0	2	0	8	0	0	1	0	0	0	668	10	RUC	Jun93
33917	090	50	120		240	30	0	0	0	2	0	5	0	0	1	0	0	0	608	7	RUC	Jun93
33920	090	2	120		270	30	0	0	0	2	0	6	0	0	1	0	0	0	658	8	RUC	Jun93
33922	090	6	120		195	30	0	0	1	1	0	5	0	0	1	0	0	0	546	7	RUC	Jun93

Global Surgical Package:
Codes Missing Hosptial Visits

CPT Code	Global	2011 Frequency	Pre Eval	Pre Positioning	Intra Time	Imm Post	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time	Length of Hospital Stay	Time Source	RUC Review
33974	090	49	60		120	30	0	0	2	0	0	1	0	0	1	0	0	0	314	12	RUC	Jun93
34502	090	170	150		300	30	0	0	1	2	0	6	0	0	1	0	0	0	741	8	RUC	Jun93
35091	090	710	93		249	50	0	0	0	0	0	11	0	0	1	0	2	0	790		RUC	Aug95
35694	090	46	120		180	30	0	3	0	0	0	2	0	0	1	0	0	0	456	4	RUC	Jun93
35901	090	84	120		150	30	0	4	0	0	0	4	0	0	1	0	0	0	482	6	RUC	Aug95
35903	090	8422	90		150	30	0	3	0	0	0	3	0	0	1	0	0	0	416	5	RUC	Jun93
47135	090	1088	120		520	46	0	0	7	0	0	23	0	0	1	0	0	0	1345	25	RUC	Feb94
47136	090	4	120		420	30	0	0	7	0	0	28	0	0	1	0	0	0	1329	30	RUC	Feb94
49422	010	9056	30		48	30	0	1	0	0	0	1	0	0	1	0	0	0	182	3	RUC	Feb94
49429	010	102	53		60	30	0	1	0	0	0	6	0	0	1	0	0	0	317	8	RUC	Feb94
50320	090	93	120		180	26	0	5	0	0	0	4	0	0	1	0	0	0	524	6	RUC	Feb94
50845	090	87	90		240	30	0	0	5	0	0	5	0	0	1	0	0	0	613	7	RUC	Apr93
56632	090	235	120		240	30	0	0	5	0	0	7	0	0	1	0	0	0	683	9	RUC	Jan93
60520	090	298	60		120	30	1	1	1	0	0	2	0	0	1	0	2	0	474	6	RUC	Feb94
60521	090	365	60		180	30	2	0	1	0	0	5	0	0	1	0	0	0	445	7	RUC	Feb94
60522	090	159	60		210	30	0	2	1	0	0	7	0	0	1	0	0	0	533	9	RUC	Feb94
61556	090	2	115		225	33	1	1	1	0	0	3	3	1	1	0	0	0	692	5	RUC	Nov93
61557	090	1	110		200	33	0	0	3	0	0	3	0	0	1	0	0	0	510	5	RUC	Nov93
61558	090		120		300	34	0	0	3	0	0	5	0	0	1	0	0	0	661	7	RUC	Nov93
61559	090		120		300	35	0	0	4	0	0	4	0	0	1	0	0	0	665	6	RUC	Feb94
61563	090	18	100		283	34	1	1	1	0	0	1	2	1	1	0	0	0	656	4	RUC	Nov93
61564	090		100		300	36	0	0	3	0	0	4	0	0	1	0	0	0	623	5	RUC	Feb94
61580	090	224	180.4		280.9	84	1	2	2	0	0	0	3	4	1	0	1	0	1078.3	8	RUC	Jan93
61581	090	70	168.4		360	118	1	2	2	1	0	1	1	5	1	0	1	0	1214.4	9	RUC	Jan93
61582	090	51	153.3		298	95	0	2	3	0	0	4	3	1	1	0	1	0	1010.3	10	RUC	Jan93
61583	090	249	180		307.4	50	1	1	1	0	0	8	0	1	1	0	1	0	906.4	11	RUC	Jan93
61584	090	246	121.6		249.8	47	1	1	1	0	0	2	3	2	1	0	1	0	842.4	9	RUC	Jan93
61585	090	18	166.7		340	57	0	2	1	0	0	1	3	3	1	0	2	0	1101.7	10	RUC	Jan93
61590	090	236	221.1		442.3	87	1	2	2	0	0	1	0	7	1	0	2	0	1418.4	10	RUC	Jan93
61591	090	110	213		496.85	71	2	1	2	0	0	3	4	0	1	0	2	0	1254.85	10	RUC	Jan93
61592	090	271	155.7		313.1	53	2	1	1	0	0	1	3	2	1	0	2	0	1002.8	9	RUC	Jan93
61595	090	203	120		348.8	76	1	2	2	0	0	0	3	4	1	0	1	0	1077.8	8	RUC	Jan93
61596	090	67	204.2		402.1	67	1	2	1	0	0	1	4	3	1	0	1	0	1188.3	10	RUC	Jan93
61597	090	116	167.8		365.6	47	0	3	0	0	0	5	2	1	1	0	2	0	1041.4	11	RUC	Jan93
61598	090	32	153.4		377.7	62	1	2	1	0	0	2	3	1	1	0	2	0	1048.1	9	RUC	Jan93
61600	090	284	203.1		287.3	88	1	2	2	0	0	0	0	6	1	0	1	0	1101.4	9	RUC	Jan93
61601	090	443	124.8		218.1	51	2	1	1	0	0	2	2	2	1	0	2	0	854.9	10	RUC	Jan93
61605	090	370	225.3		285.3	84	1	2	2	0	0	3	2	1	1	0	2	0	1052.6	9	RUC	Jan93
61606	090	122	139.5		269.4	50	0	2	1	0	0	3	3	1	1	0	2	0	926.9	10	RUC	Jan93
61607	090	76	245.4		296.8	56	0	2	1	0	0	0	1	6	1	0	2	0	1201.2	10	RUC	Jan93
61608	090	264	180		300	46	0	3	0	0	0	3	3	2	1	0	2	0	1042	11	RUC	Jan93
61613	090	13	180		300	46	0	3	0	0	0	1	0	6	1	0	2	0	1102	9	RUC	Jan93
61615	090	60	195.3		344.9	65	1	1	2	0	0	2	4	2	1	0	1	0	1092.2	10	RUC	Jan93

Global Surgical Package:
Codes Missing Hosptial Visits

CPT Code	Global	2011 Frequency	Pre Eval	Pre Positioning	Intra Time	Imm Post	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time	Length of Hospital Stay	Time Source	RUC Review
61616	090	300	157		401.8	76	1	1	2	0	0	5	2	1	1	0	2	0	1116.8	11	RUC	Jan93
61618	090	712	120.5		148.6	61	0	2	1	0	0	0	1	2	1	0	0	0	573.1	10	RUC	Jan93
61619	090	286	121.3		178.3	47	0	3	0	0	0	1	2	1	1	0	0	0	587.6	9	RUC	Jan93
62115	090		100		330	28	0	0	4	0	0	4.5	0	0	1	0	0	0	678	6	RUC	Nov93
62116	090	1	90		240	29	0	4	0	0	0	1	2	1	1	0	0	0	616	7	RUC	Nov93
62117	090	1	108		300	30	0	3	0	0	0	0	2	2	1	0	0	0	714	7	RUC	Nov93
62120	090	57	120		180	33	0	0	4	0	0	3	0	0	1	0	0	0	523	5	RUC	Nov93
63700	090	37	90		120	24	0	0	3	0	0	3	0	0	1	0	0	0	401	5	RUC	Nov93
63702	090	20	90		180	26	0	0	3	0	0	3	0	0	1	0	0	0	463	5	RUC	Nov93
63704	090	2	112		180	27	0	0	4	0	0	8	0	0	1	0	0	0	609	10	RUC	Nov93
63706	090	4	120		240	29	0	0	4	0	0	8	0	0	1	0	0	0	679	10	RUC	Nov93
64712	090	694	25	25	109	19	0	3	0	0	0	1.5	0	0	1	0	0	0	269		Harvard	-

AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE

Practice Expense Subcommittee

Description of Submission

March 6, 2013

Members: *Members: Scott Manaker, MD, PhD, FCCP (Chair), Guy Orangio, MD (Vice Chair), James Blankenship, MD, Joel Brill, MD, Neal Cohen, MD, William Gee, MD, David Han, MD, Timothy Laing, MD, Alan Lazaroff, MD, Geraldine B. McGinty, MD, Margaret Neal, MD, Eileen M. Moynihan, MD, Tye Ouzounian, MD, Chad Rubin, MD, John Seibel, MD, W. Bryan Sims, DNPc, APRN-BD, Robert Stomel, DO, Albert Bothe, MD (CPT Resource)*

The RUC Practice Expense Subcommittee has submitted recommendations from various Workgroups over the course of the last year. CMS has not commented on these recommendations in either the 2013 NPRM or the 2013 Final Rule. The RUC has the understanding that these recommendations will be addressed in the 2014 NPRM. We are resubmitting these recommendations for your review.

CMS Request for Review of Ultrasound Equipment – Description of Submission

CMS requested that the RUC review 17 different ultrasound related equipment items (including ultrasound rooms) associated with 110 CPT codes ranging in price from \$1,304.33 to \$466,492.00. CMS requested that the RUC review the clinical necessity of the ultrasound equipment as well as the way the equipment is described for individual codes. The Chair of the PE Subcommittee established a workgroup to review this issue and offer recommendations to the Subcommittee. The recommendations of the workgroup were reviewed and accepted by the PE Subcommittee at the January 2012 RUC Meeting and originally submitted to CMS in March 2012. The following is an explanation of the final recommendations of the RUC Practice Expense Subcommittee that are included in the folder labeled *01 Ultrasound Workgroup Submission*.

1. Ultrasound Workgroup PE Subcommittee Report
2. Final Compiled 2012 CMS Ultrasound Equipment_CPT codes_PE inputs_rooms
 - a. Tab 1: Ultrasound Equipment CPT Codes
This spreadsheet is a list of the 110 CPT codes that CMS requested be reviewed. There are some recommended changes to the descriptions indicated in red, the specialties that perform the code are listed and if the dominant specialty reviewed the code it is highlighted in yellow. The spreadsheet indicates whether or not the equipment is used in a nonfacility setting, the specialty comments and the committee recommendations
 - b. Tab 2: Direct PE Equipment Inputs
New equipment is highlighted in yellow
 - c. Tab 3: Ultrasound Rooms
This spreadsheet includes equipment inputs that specialties recommend be added to the existing ultrasound rooms as well as the recommended addition of an ultrasound room (cardiovascular), with equipment inputs
3. General Ultrasound Room Invoice
Invoice submitted by ACR including equipment inputs for the general ultrasound room
4. Invoice Folder 1
Submitted by ASBS and ACS for recommended new equipment
5. Invoice Folder 2

- Submitted by ACCP for recommended new and revised equipment
6. Invoice Folder 3
- Submitted by ASE for inputs to recommended new cardiovascular ultrasound room

Endoscope Cleaning and Disinfecting Pack, SA042

In January 2012, the PE Subcommittee noted that a basin is missing from the Endoscope Cleaning and Disinfecting Pack, CMS supply item SA042. The recommendations of the Workgroup were reviewed and accepted by the PE Subcommittee at the January 2012 RUC Meeting and originally submitted to CMS in May 2012. The final recommendation of the RUC Practice Expense Subcommittee can be found in the document labeled *02 Endoscope Cleaning Pack Staff Note*.

Pre-Service Time for 000 Day Globals in the Facility – Description of Submission

At the January 2012 meeting the PE Subcommittee recognized that there are 000 day global codes performed primarily in the facility setting that have requested pre-service time based on comparison codes. A workgroup of the PE Subcommittee was formed to review the 000-day global pre-service clinical staff time standards, as well as review prior RUC PE recommendations to CMS and modify time if necessary. The Workgroup identified that 48 of the 615 000-day global codes that are assigned pre-service time in the facility exceed the maximum pre-service time of 30 minutes. The recommendations of the workgroup were reviewed and accepted by the PE Subcommittee at the October 2012 RUC Meeting and originally submitted to CMS in November 2012. The following is an explanation of the final recommendations of the RUC Practice Expense Subcommittee that are included in the folder labeled *03 Pre-Service Time for 000 Day Globals in the Facility*.

1. Final recommendation for time modifications to these 48 codes 000-day global codes that are assigned pre-service time in the facility exceed the maximum pre-service time of 30 minutes.
2. Background information regarding the Workgroup's conference call on Thursday August 30, 2012 to review specialty comments on 48 CPT codes with over 30 minutes of pre-service time in the facility setting.
3. Background information regarding the specialty societies review of 48 CPT codes with over 30 minutes of pre-service time in the facility setting.
4. Background information regarding the Workgroup's conference call on Thursday March 22, 2012 to discuss the request of the PE Subcommittee to review pre-service time for 000 day globals.

AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
Practice Expense Subcommittee
Ultrasound Equipment Workgroup
December 14, 2011

Members: *Doctors William Gee (Chair), David Han, Lee Mills, Chad Rubin, John Seibel, Richard Wright, Michael Main, Geraldine McGinty, Harvey Nisenbaum*

CMS Request for Review of Ultrasound Equipment

I. Ultrasound Equipment

CMS received comments that there may be potential inconsistencies with the inputs and the prices related to ultrasound equipment in the direct PE database, specifically there are 17 different ultrasound related equipment items (including ultrasound rooms) associated with 110 CPT codes ranging in price from \$1,304.33 to \$466,492.00. CMS requested that the RUC review the clinical necessity of the ultrasound equipment as well as the way the equipment is described for individual codes. Staff reminded the PE Subcommittee that it is not in the Subcommittee's purview to make recommendations related to specific prices.

II. Ultrasound Equipment Workgroup

The Chair of the PE Subcommittee established a workgroup to review this issue and offer recommendations to the Subcommittee. The workgroup was charged with two tasks: 1) review the details for the 17 ultrasound CMS direct PE input equipment items to determine if the level of distinction is appropriate; and 2) review the list of 110 CPT codes that use the various ultrasound equipment to determine if the equipment is appropriately identified. The workgroup met via conference call on Wednesday, November 8th and Wednesday Dec. 14th to review the equipment and associated codes. On the first call, the workgroup established that they will review the types of equipment, descriptions and assignment of CPT codes. The group believed that the 17 ultrasound equipment codes were still typical for the CPT codes, but that the specialties expertise would have to be solicited to verify.

III. Specialty Recommendations

Feedback was solicited and received from the specialties, and then reviewed and finalized by the workgroup. In general, if there was disagreement between specialties, the recommendation of the dominant specialty for the CPT code was utilized. The review of the list of 110 CPT codes that use the various ultrasound equipment are listed in the table below. Please refer to the attached excel workbook tab 1 for more detail regarding the specialty recommendations. In addition the results of the review of the 17 ultrasound equipment codes and the ultrasound rooms are included in the attached excel workbook, under the appropriate tabs.

Ultrasound Equipment by CPT Code

CPT Code	CMS Code	Committee Recommendation
19105	EQ250	Portable ultrasound unit typical, however unit listed is not appropriate. See Invoice Folder 1 for recommended equipment. Recommended description: ultrasound unit, portable, breast procedures
19296	EL015	Portable ultrasound unit typical, however unit listed is not appropriate. See Invoice Folder 1 for recommended equipment. Recommended description: ultrasound unit, portable, breast procedures
19298	EL015	Portable ultrasound unit typical, however unit listed is not appropriate. See Invoice Folder 1 for recommended equipment. Recommended description: ultrasound unit, portable, breast procedures

CPT Code	CMS Code	Committee Recommendation
28890	EQ250	Typical equipment
31620	ES014	Typical equipment, specialty society invoice provided for updates to equipment (please Invoice Folder 2)
31620	ES015	Typical equipment, specialty society invoice provided for updates to equipment (please Invoice Folder 2)
31620	ES016	Typical equipment, specialty society invoice provided for updates to equipment (please Invoice Folder 2)
31620		Missing equipment, specialty society invoice provided for missing equipment (please Invoice Folder 2)
31620		Missing equipment, specialty society invoice provided for missing equipment (please Invoice Folder 2)
36475	EL015	Typical equipment
36476	EL015	Typical equipment
36478	EL015	Typical equipment
36479	EL015	Typical equipment
37191	EQ250	Portable ultrasound unit is typical, specialty society to provide invoices for appropriate unit
37192	EQ250	Portable ultrasound unit is typical, specialty society to provide invoices for appropriate unit
37193	EQ250	Portable ultrasound unit is typical, specialty society to provide invoices for appropriate unit
49083	EL015	Typical equipment
49418	EQ250	Typical equipment
51798	EQ255	Typical equipment
52649	EQ255	Change to EQ250 (portable ultrasound unit) per dominant specialty recommendation
53850	EQ250	Typical equipment
55873	EQ250	Typical equipment
58356	EQ249	Typical equipment
59070	EQ249	Typical equipment
59074	EQ249	Typical equipment
76376	EL015	Remove from list, procedure does not require ultrasound input
76506	EL015	Typical equipment
76536	EL015	Typical equipment
76604	EL015	Typical equipment
76645	EL015	Typical equipment
76700	EL015	Typical equipment
76705	EL015	Typical equipment
76770	EL015	Typical equipment
76775	EL015	Change to EQ250, per dominant specialty recommendation
76776	EL015	Typical equipment
76800	EL015	Typical equipment
76801	EL015	Typical equipment
76802	EL015	Typical equipment
76805	EL015	Typical equipment
76810	EL015	Typical equipment
76811	EL015	Typical equipment
76812	EL015	Typical equipment

CPT Code	CMS Code	Committee Recommendation
76813	EL015	Typical equipment
76814	EL015	Typical equipment
76815	EL015	Typical equipment
76816	EL015	Typical equipment
76817	EL015	Typical equipment
76818	EF034	Typical equipment
76818	EQ249	Typical equipment
76819	EF034	Typical equipment
76819	EQ249	Typical equipment
76820	EQ249	Change to EL015, per dominant specialty recommendation
76821	EL015	Typical equipment
76825	EQ252	Typical equipment
76825	EQ254	Typical equipment
76826	EQ252	Typical equipment
76826	EQ254	Typical equipment
76827	EQ254	Typical equipment
76828	EQ254	Typical equipment
76830	EL015	Typical equipment
76831	EL015	Typical equipment
76856	EL015	Typical equipment
76857	EL015	Change to EQ250, per dominant specialty recommendation
76870	EL015	Change to EQ250, per dominant specialty recommendation
76872	EL015	Change to EQ250, per dominant specialty recommendation
76873	EL015	Typical equipment
76881	EL015	Typical equipment
76882	EQ250	Typical equipment
76885	EL015	Typical equipment
76886	EL015	Typical equipment
76936	EL015	Typical equipment
76937	EQ250	Portable ultrasound unit is typical, specialty society to provide invoices for appropriate unit
76942	EL015	Change to EQ250, per dominant specialty recommendation
76946	EQ250	Typical equipment
76948	EQ250	Typical equipment
76950	EQ250	Equipment identified is not appropriate, specialty society to identify appropriate equipment
76965	EQ250	Portable ultrasound unit is typical, specialty society to provide invoices for appropriate unit
76970	EL015	Typical equipment
76977	ER022	Typical equipment
77600	ER035	Typical equipment
77620	ER036	Retain, specialized equipment
93303	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93303	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)

CPT Code	CMS Code	Committee Recommendation
93303	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93304	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93304	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93304	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93306	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93306	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93306	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93307	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93307	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93307	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93308	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93308	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93308	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93312	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93312	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93312	EQ256	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)

CPT Code	CMS Code	Committee Recommendation
93312	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93314	EQ254	Equipment identified is not appropriate, specialty society recommends review for possible miscoding
93314	EQ256	Equipment identified is not appropriate, specialty society recommends review for possible miscoding
93314	EQ252	Equipment identified is not appropriate, specialty society recommends review for possible miscoding
93314	EQ253	Equipment identified is not appropriate, specialty society recommends review for possible miscoding
93320	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93320	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93320	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93321	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93321	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93325	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93325	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93325	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93350	EQ252	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93350	EQ253	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93350	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93351	EQ254	Equipment identified is not appropriate, specialty society proposes Cardiovascular Ultrasound Room (please see ultrasound room spreadsheet for equipment inputs)
93880	EL016	Typical equipment
93882	EL016	Typical equipment

CPT Code	CMS Code	Committee Recommendation
93886	EL016	Typical equipment
93888	EL016	Typical equipment
93890	EL016	Typical equipment
93892	EL016	Typical equipment
93893	EL016	Typical equipment
93922	EL016	Typical equipment
93923	EL016	Typical equipment
93924	EL016	Typical equipment
93925	EL016	Typical equipment
93926	EL016	Typical equipment
93930	EL016	Typical equipment
93931	EL016	Typical equipment
93965	EL016	Typical equipment
93970	EL016	Typical equipment
93971	EL016	Typical equipment
93975	EL016	Typical equipment
93976	EL016	Typical equipment
93978	EL016	Typical equipment
93979	EL016	Typical equipment
93980	EL015	Change to EQ249, per dominant specialty recommendation
93981	EL015	Change to EQ249, per dominant specialty recommendation
93990	EL016	Typical equipment
97035	EQ251	Typical equipment
G0365	EL016	Typical equipment
G0389	EL015	Typical equipment

IV. Other Issues

The Ultrasound Workgroup discussed adding a crash cart to both the vascular and cardiovascular ultrasound rooms, however after the second conference call it was determined that this is against CMS policy because a crash cart is considered an indirect expense. Based on this information, a crash cart was not added to the equipment inputs for these ultrasound rooms.

AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
Practice Expense Subcommittee
Ultrasound Equipment Workgroup
February 28, 2012

Members: *Doctors William Gee (Chair), David Han, Lee Mills, Chad Rubin, John Seibel, Richard Wright, Michael Main, Geraldine McGinty, Harvey Nisenbaum*

CMS Request for Review of Ultrasound Equipment – Description of Submission

CMS requested that the RUC review 17 different ultrasound related equipment items (including ultrasound rooms) associated with 110 CPT codes ranging in price from \$1,304.33 to \$466,492.00. CMS requested that the RUC review the clinical necessity of the ultrasound equipment as well as the way the equipment is described for individual codes. The Chair of the PE Subcommittee established a workgroup to review this issue and offer recommendations to the Subcommittee. The recommendations of the workgroup were reviewed and accepted by the PE Subcommittee at the January 2012 RUC Meeting. The final recommendations of the RUC Practice Expense Subcommittee are enclosed.

1. Ultrasound Workgroup PE Subcommittee Report
2. Final Compiled 2012 CMS Ultrasound Equipment_CPT codes_PE inputs_rooms
 - a. Tab 1: Ultrasound Equipment CPT Codes
This spreadsheet is a list of the 110 CPT codes that CMS requested be reviewed. There are some recommended changes to the descriptions indicated in red, The specialties that perform the code are listed and if the dominant specialty reviewed the code it is highlighted in yellow. The spreadsheet indicates whether or not the equipment is used in a nonfacility setting, the specialty comments and the committee recommendations
 - b. Tab 2: Direct PE Equipment Inputs
New equipment is highlighted in yellow
 - c. Tab 3: Ultrasound Rooms
This spreadsheet includes equipment inputs that specialties recommend be added to the existing ultrasound rooms as well as the recommended addition of an ultrasound room (cardiovascular), with equipment inputs
3. General Ultrasound Room Invoice
Invoice submitted by ACR including equipment inputs for the general ultrasound room
4. Invoice Folder 1
Submitted by ASBS and ACS for recommended new equipment
5. Invoice Folder 2
Submitted by ACCP for recommended new and revised equipment
6. Invoice Folder 3
Submitted by ASE for inputs to recommended new cardiovascular ultrasound room

In addition, ACP brought a subset of these codes to the attention of the Workgroup because they are potentially being misreported by internal medicine physicians. The specialty suspects the miscoding results from reports more advanced equipment than is typically found in a general practice office today. The PE Subcommittee recommends that ACR and ACP work together to determine an appropriate way to handle this issue and report back to the PE Subcommittee at the April 2012 meeting.

**Practice Expense Subcommittee
Staff Note**

Endoscope Cleaning and Disinfecting Pack, SA042

In January 2012, the PE Subcommittee noted that the pack included in supplies for cleaning the endoscope, CMS supply item SA042, includes glutaraldehyde (disinfecting/sanitizing agent) and does not contain a basin for the glutaraldehyde. American Society for Gastrointestinal Endoscopy recommends that the irrigation basin, CMS code SJ009, be added to the pack below.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, cleaning and disinfecting, endoscope	SA042	pack		15.520
gloves, non-sterile		pair	4	0.084
gown, staff, impervious		item	1	1.186
face shield, splash protection		item	1	1.706
biohazard bag		item	1	0.062
gauze, sterile 4in x 4in (10 pack uou)		item	1	0.798
alcohol isopropyl 70%		ml	60	0.002
cleaning brush, endoscope		item	1	4.992
glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)		oz	32	0.165
glutaraldehyde test strips (Cidex, Metrex)		item	1	1.012

**AMA/Specialty Society RVS Update Committee
Recommendation for Practice Expense
Pre-Service Time for 000 Day Globals in the Facility**

The RUC recommends the following modification to Pre-Service Time for 000 Day Globals in the Facility for the listed codes.

CPT Code	Global	Short Descriptor	Pre-Serv Facility (Min.)	Modified Minutes	Dominant Specialty
20900	000	REMOVAL OF BONE FOR GRAFT	60	30	ORTHOPEDIC SURGERY
20902	000	REMOVAL OF BONE FOR GRAFT	60	30	ORTHOPEDIC SURGERY
33224	000	INSERT PACING LEAD & CONNECT	35	30	CARDIOLOGY
33226	000	REPOSITION L VENTRIC LEAD	35	30	CARDIOLOGY
36800	000	INSERTION OF CANNULA	60	0	GENERAL SURGERY
36861	000	CANNULA DECLOTTING	37	0	GENERAL SURGERY
37201	000	TRANSCATHETER THERAPY INFUSE	45	0	DIAGNOSTIC RADIOLOGY
37202	000	TRANSCATHETER THERAPY INFUSE	45	0	CARDIOLOGY
50953	000	ENDOSCOPY OF URETER	60	30	UROLOGY
50955	000	URETER ENDOSCOPY & BIOPSY	60	30	UROLOGY
51726	000	COMPLEX CYSTOMETROGRAM	41	30	UROLOGY
51785	000	ANAL/URINARY MUSCLE STUDY	34	30	UROLOGY
52250	000	CYSTOSCOPY AND RADIOTRACER	37	30	UROLOGY
52276	000	CYSTOSCOPY AND TREATMENT	32	30	UROLOGY
52277	000	CYSTOSCOPY AND TREATMENT	37	30	UROLOGY
52282	000	CYSTOSCOPY IMPLANT STENT	31	30	UROLOGY
52290	000	CYSTOSCOPY AND TREATMENT	31	30	UROLOGY
52300	000	CYSTOSCOPY AND TREATMENT	36	30	UROLOGY
52301	000	CYSTOSCOPY AND TREATMENT	36	30	UROLOGY
52334	000	CREATE PASSAGE TO KIDNEY	31	30	UROLOGY
52341	000	CYSTO W/URETER STRICTURE TX	42	30	UROLOGY
52342	000	CYSTO W/UP STRICTURE TX	42	30	UROLOGY
52343	000	CYSTO W/RENAL STRICTURE TX	42	30	UROLOGY
52344	000	CYSTO/URETERO STRICTURE TX	55	30	UROLOGY
52345	000	CYSTO/URETERO W/UP STRICTURE	55	30	UROLOGY

52346	000	CYSTOURETERO W/RENAL STRICT	55	30	UROLOGY
52351	000	CYSTOURETERO & OR PYELOSCOPE	45	30	UROLOGY
52352	000	CYSTOURETERO W/STONE REMOVE	50	30	UROLOGY
52353	000	CYSTOURETERO W/LITHOTRIPSY	50	30	UROLOGY
52354	000	CYSTOURETERO W/BIOPSY	50	30	UROLOGY
52355	000	CYSTOURETERO W/EXCISE TUMOR	50	30	UROLOGY
54100	000	BIOPSY OF PENIS	33	30	DERMATOLOGY
61000	000	REMOVE CRANIAL CAVITY FLUID	60	15	UROLOGY
61001	000	REMOVE CRANIAL CAVITY FLUID	60	15	UROLOGY
61020	000	REMOVE BRAIN CAVITY FLUID	60	15	NEUROSURGERY
61026	000	INJECTION INTO BRAIN CANAL	60	15	NEUROSURGERY
61050	000	REMOVE BRAIN CANAL FLUID	60	15	DIAGNOSTIC RADIOLOGY
61055	000	INJECTION INTO BRAIN CANAL	60	15	DIAGNOSTIC RADIOLOGY
61070	000	BRAIN CANAL SHUNT PROCEDURE	60	15	NEUROSURGERY
62268	000	DRAIN SPINAL CORD CYST	36	30	DIAGNOSTIC RADIOLOGY
67346	000	BIOPSY EYE MUSCLE	42	30	OPHTHALMOLOGY
68100	000	BIOPSY OF EYELID LINING	32	30	OPHTHALMOLOGY
93530	000	RT HEART CATH CONGENITAL	35	30	CARDIOLOGY
93531	000	R & L HEART CATH CONGENITAL	35	30	CARDIOLOGY
93532	000	R & L HEART CATH CONGENITAL	35	30	CARDIOLOGY
93533	000	R & L HEART CATH CONGENITAL	35	30	CARDIOLOGY
93580	000	TRANSCATH CLOSURE OF ASD	35	30	CARDIOLOGY
93581	000	TRANSCATH CLOSURE OF VSD	35	30	CARDIOLOGY

**AMA/Specialty Society RVS Update Committee
Pre-Service Time for 000 Day Globals Workgroup
August 30, 2012 Conference Call**

Members on call: *Neal Cohen (Chair), Tim Laing, Brian Sims, Bob Stomel and Tye Ouzounian*
AMA Staff: *Sherry Smith; Samantha Ashley*

The Workgroup met via conference call on Thursday August 30, 2012 to review specialty comments on 48 CPT codes with over 30 minutes of pre-service time in the facility setting. Part of the Workgroup's charge was to "review prior RUC PE recommendations to CMS and modify if necessary." After the first conference call in March, analysis of the codes informed the Workgroup that 48 of the 615 000 global codes that are assigned pre-service time exceed the maximum pre-service time of 30 minutes. On that call it was decided that prior recommendations that were approved by the PE Subcommittee will not be altered for the majority of the codes; current standards will be implemented moving forward. However for the 48 codes that include over 30 minutes of pre-service time, the Workgroup made the following recommendations:

- If errors in the assignment of minutes are identified the minutes will be modified appropriately.
- If no error is found, the minutes will be reduced to 30 minutes for extensive use of clinical staff.
- The dominant specialty for each of the 48 codes should review the codes and submit comments to AMA staff if they feel that the modification is not appropriate.
- The Workgroup will review the 48 codes and specialty comments regarding the codes, prior to the October RUC Meeting and the Workgroup's recommendation for modification of the minutes will be reviewed by the PE Subcommittee at the October meeting.

The Workgroup received comments from the specialties. The first 8 codes listed were identified as having errors in the assignment of minutes and were modified to the standard of 0 minutes of pre-service time for 000 globals. Orthopedic Surgery commented that although the first 2 codes listed (20900, 20902) should not have 60 minutes of pre-service time, clinical activities are necessary in the pre-service period. The Workgroup agreed with the specialty's rationale for 30 minutes of pre-service time. Cardiology commented that the next two codes listed (33224, 33226) were not assigned minutes in error and clinical activities are necessary in the pre-service period. The Workgroup agreed with the specialty that these codes should not have been modified to 0 and agrees with the specialty's rationale for 30 minutes of pre-service time. The 48 codes with modifications are listed in the table below. More detailed rationale for these modifications and specialty comments can be found in the document entitled "48 Codes Time Descriptions_SpecialtyComments". **The Workgroup approved these modified minutes with the changes listed due to specialty comments and recommends them to the PE Subcommittee.**

CPT Code	Global	Short Descriptor	Pre-Serv Facility (Min.)	Modified Minutes	Recommended Modified Minutes due to Specialty Comments	Dominant Specialty
20900	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
20902	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
33224	000	INSERT PACING LEAD & CONNECT	35	0	30	CARDIOLOGY

33226	000	REPOSITION L VENTRIC LEAD	35	0	30	CARDIOLOGY
36800	000	INSERTION OF CANNULA	60	0		GENERAL SURGERY
36861	000	CANNULA DECLOTTING	37	0		GENERAL SURGERY
37201	000	TRANSCATHETER THERAPY INFUSE	45	0		DIAGNOSTIC RADIOLOGY
37202	000	TRANSCATHETER THERAPY INFUSE	45	0		CARDIOLOGY
50953	000	ENDOSCOPY OF URETER	60	30		UROLOGY
50955	000	URETER ENDOSCOPY & BIOPSY	60	30		UROLOGY
51726	000	COMPLEX CYSTOMETROGRAM	41	30		UROLOGY
51785	000	ANAL/URINARY MUSCLE STUDY	34	30		UROLOGY
52250	000	CYSTOSCOPY AND RADIOTRACER	37	30		UROLOGY
52276	000	CYSTOSCOPY AND TREATMENT	32	30		UROLOGY
52277	000	CYSTOSCOPY AND TREATMENT	37	30		UROLOGY
52282	000	CYSTOSCOPY IMPLANT STENT	31	30		UROLOGY
52290	000	CYSTOSCOPY AND TREATMENT	31	30		UROLOGY
52300	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52301	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52334	000	CREATE PASSAGE TO KIDNEY	31	30		UROLOGY
52341	000	CYSTO W/URETER STRICTURE TX	42	30		UROLOGY
52342	000	CYSTO W/UP STRICTURE TX	42	30		UROLOGY
52343	000	CYSTO W/RENAL STRICTURE TX	42	30		UROLOGY
52344	000	CYSTO/URETERO STRICTURE TX	55	30		UROLOGY
52345	000	CYSTO/URETERO W/UP STRICTURE	55	30		UROLOGY
52346	000	CYSTOURETERO W/RENAL STRICT	55	30		UROLOGY
52351	000	CYSTOURETERO & OR PYELOSCOPE	45	30		UROLOGY
52352	000	CYSTOURETERO W/STONE REMOVE	50	30		UROLOGY
52353	000	CYSTOURETERO W/LITHOTRIPSY	50	30		UROLOGY
52354	000	CYSTOURETERO W/BIOPSY	50	30		UROLOGY
52355	000	CYSTOURETERO W/EXCISE TUMOR	50	30		UROLOGY
54100	000	BIOPSY OF PENIS	33	30		DERMATOLOGY
61000	000	REMOVE CRANIAL CAVITY FLUID	60	15		UROLOGY
61001	000	REMOVE CRANIAL CAVITY FLUID	60	15		

61020	000	REMOVE BRAIN CAVITY FLUID	60	15		NEUROSURGERY
61026	000	INJECTION INTO BRAIN CANAL	60	15		NEUROSURGERY
61050	000	REMOVE BRAIN CANAL FLUID	60	15		DIAGNOSTIC RADIOLOGY
61055	000	INJECTION INTO BRAIN CANAL	60	15		DIAGNOSTIC RADIOLOGY
61070	000	BRAIN CANAL SHUNT PROCEDURE	60	15		NEUROSURGERY
62268	000	DRAIN SPINAL CORD CYST	36	30		DIAGNOSTIC RADIOLOGY
67346	000	BIOPSY EYE MUSCLE	42	30		OPHTHALMOLOGY
68100	000	BIOPSY OF EYELID LINING	32	30		OPHTHALMOLOGY
93530	000	RT HEART CATH CONGENITAL	35	30		CARDIOLOGY
93531	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93532	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93533	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93580	000	TRANSCATH CLOSURE OF ASD	35	30		CARDIOLOGY
93581	000	TRANSCATH CLOSURE OF VSD	35	30		CARDIOLOGY

Review of Prior RUC PE Recommendations

Part of the Workgroup's charge was to "review prior RUC PE recommendations to CMS and modify if necessary." Analysis of the codes informed the Workgroup that 48 of the 615 000 global codes that are assigned pre-service time exceed the maximum pre-service time of 30 minutes. It was decided that prior recommendations that were approved by the PE Subcommittee will not be altered for the majority of the codes; current standards will be implemented moving forward. However for the 48 codes that include **over 30** minutes of pre-service time, the Workgroup made the following recommendations:

- If errors in the assignment of minutes are identified the minutes will be modified appropriately.
- If no error is found, the minutes will be reduced to 30 minutes for extensive use of clinical staff.
- The dominant specialty for each of the 48 codes should review the codes and submit comments to AMA staff if they feel that the time should not be reduced to 30 minutes.
- The Workgroup will review the 48 codes and specialty comments regarding the codes, prior to the October RUC Meeting and the Workgroup's recommendation for modification of the minutes will be reviewed by the PE Subcommittee at the October meeting.
- The 48 codes are listed in the table below:

CPT Code	Global	Short Descriptor	Pre-Serv Facility (Min.)	Modified Minutes	Recommended Modified Minutes due to Specialty Comments	Dominant Specialty
20900	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
20902	000	REMOVAL OF BONE FOR GRAFT	60	0	30	ORTHOPEDIC SURGERY
33224	000	INSERT PACING LEAD & CONNECT	35	0	30	CARDIOLOGY
33226	000	REPOSITION L VENTRIC LEAD	35	0	30	CARDIOLOGY
36800	000	INSERTION OF CANNULA	60	0		GENERAL SURGERY
36861	000	CANNULA DECLOTTING	37	0		GENERAL SURGERY
37201	000	TRANSCATHETER THERAPY INFUSE	45	0		DIAGNOSTIC RADIOLOGY
37202	000	TRANSCATHETER THERAPY INFUSE	45	0		CARDIOLOGY
50953	000	ENDOSCOPY OF URETER	60	30		UROLOGY
50955	000	URETER ENDOSCOPY & BIOPSY	60	30		UROLOGY
51726	000	COMPLEX CYSTOMETROGRAM	41	30		UROLOGY
51785	000	ANAL/URINARY MUSCLE STUDY	34	30		UROLOGY
52250	000	CYSTOSCOPY AND RADIOTRACER	37	30		UROLOGY
52276	000	CYSTOSCOPY AND TREATMENT	32	30		UROLOGY

52277	000	CYSTOSCOPY AND TREATMENT	37	30		UROLOGY
52282	000	CYSTOSCOPY IMPLANT STENT	31	30		UROLOGY
52290	000	CYSTOSCOPY AND TREATMENT	31	30		UROLOGY
52300	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52301	000	CYSTOSCOPY AND TREATMENT	36	30		UROLOGY
52334	000	CREATE PASSAGE TO KIDNEY	31	30		UROLOGY
52341	000	CYSTO W/URETER STRICTURE TX	42	30		UROLOGY
52342	000	CYSTO W/UP STRICTURE TX	42	30		UROLOGY
52343	000	CYSTO W/RENAL STRICTURE TX	42	30		UROLOGY
52344	000	CYSTO/URETERO STRICTURE TX	55	30		UROLOGY
52345	000	CYSTO/URETERO W/UP STRICTURE	55	30		UROLOGY
52346	000	CYSTOURETERO W/RENAL STRICT	55	30		UROLOGY
52351	000	CYSTOURETERO & OR PYELOSCOPE	45	30		UROLOGY
52352	000	CYSTOURETERO W/STONE REMOVE	50	30		UROLOGY
52353	000	CYSTOURETERO W/LITHOTRIPSY	50	30		UROLOGY
52354	000	CYSTOURETERO W/BIOPSY	50	30		UROLOGY
52355	000	CYSTOURETERO W/EXCISE TUMOR	50	30		UROLOGY
54100	000	BIOPSY OF PENIS	33	30		DERMATOLOGY
61000	000	REMOVE CRANIAL CAVITY FLUID	60	15		UROLOGY
61001	000	REMOVE CRANIAL CAVITY FLUID	60	15		
61020	000	REMOVE BRAIN CAVITY FLUID	60	15		NEUROSURGERY
61026	000	INJECTION INTO BRAIN CANAL	60	15		NEUROSURGERY
61050	000	REMOVE BRAIN CANAL FLUID	60	15		DIAGNOSTIC RADIOLOGY
61055	000	INJECTION INTO BRAIN CANAL	60	15		DIAGNOSTIC RADIOLOGY
61070	000	BRAIN CANAL SHUNT PROCEDURE	60	15		NEUROSURGERY
62268	000	DRAIN SPINAL CORD CYST	36	30		DIAGNOSTIC RADIOLOGY
67346	000	BIOPSY EYE MUSCLE	42	30		OPHTHALMOLOGY
68100	000	BIOPSY OF EYELID LINING	32	30		OPHTHALMOLOGY
93530	000	RT HEART CATH CONGENITAL	35	30		CARDIOLOGY
93531	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY

93532	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93533	000	R & L HEART CATH CONGENITAL	35	30		CARDIOLOGY
93580	000	TRANSCATH CLOSURE OF ASD	35	30		CARDIOLOGY
93581	000	TRANSCATH CLOSURE OF VSD	35	30		CARDIOLOGY

20900 – This code was identified by the RUC’s Five-Year Review Identification Workgroup as a site of service anomaly. The code was reported as occurring in the outpatient setting and the RUC recommended that it be changed to a 000 day global. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

In summary, the specialties comments stated that the services were never reviewed for PE after the change from a 090 day global to a 000 day global. This is what led to the error of the 60 minutes of pre-service clinical labor time in the facility setting being maintained. Had the PE subcommittee reviewed RAW identified codes at the time, we believe the PE subcommittee would have adjusted the 60 minutes to 30 minutes to be consistent with other facility based 000 global period codes where there is clinical labor time involved in the typical patient care. The Workgroup agrees with the specialty that although the previous allocation of 60 minutes is incorrect, there is considerable clinical labor work for these procedures. The Workgroup further agrees that this code should be reduced from 60 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

20902 – This code was identified by the RUC’s Five-Year Review Identification Workgroup as a site of service anomaly. The code was reported as occurring in the outpatient setting and the RUC recommended that it be changed to a 000 day global. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

In summary, the specialties comments stated that the services were never reviewed for PE after the change from a 090 day global to a 000 day global. This is what led to the error of the 60 minutes of pre-service clinical labor time in the facility setting being maintained. Had the PE subcommittee reviewed RAW identified codes at the time, we believe the PE subcommittee would have adjusted the 60 minutes to 30 minutes to be consistent with other facility based 000 global period codes where there is clinical labor time involved in the typical patient care. The Workgroup agrees with the specialty that although the previous allocation of 60 minutes is incorrect, there is considerable clinical labor work for these procedures. The Workgroup further agrees that this code should be reduced from 60 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

33224 – When this code was last reviewed in April 2002 the RUC recommended that it be change from a 090 to a 000 day global code. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

The specialty pointed out that the full rationale, which had been cut off in the RUC database made the case for retaining pre-service time in the facility setting after this was changed from a 090 to a 000 day global code. There is time needed for Complete pre-service diagnostic & referral forms, Coordinate pre-surgery services, Schedule space and equipment in facility, Provide pre-service education/obtain consent and Follow-up phone calls & prescriptions. As the pre-service time was determined not to be an error the Workgroup agrees that this code should be reduced from 35 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

33226 – When this code was last reviewed in April 2002 the RUC recommended that it be change from a 090 to a 000 day global code. When it was reviewed for PE the pre-service time for a facility setting was maintained from when the code was a 090 day global even though it had changed to a 000 day global. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

The specialty pointed out that the full rationale, which had been cut off in the RUC database made the case for retaining pre-service time in the facility setting after this was changed from a 090 to a 000 day global code. There is time needed for Complete pre-service diagnostic & referral forms, Coordinate pre-surgery services, Schedule space and equipment in facility, Provide pre-service education/obtain consent and Follow-up phone calls & prescriptions. As the pre-service time was determined not to be an error the Workgroup agrees that this code should be reduced from 35 minutes to 30 minutes (rather than 0) of pre-service time in the facility.

36800 – When this code was last reviewed in September 2002 the RUC recommended that it have zero direct practice expense inputs, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

36861 – When this code was last reviewed in March 2001 the RUC recommended that it have zero direct practice expense inputs, however 37 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

37201 – When this code was last reviewed in March 2001 the RUC recommended that it have zero direct practice expense inputs, however 45 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global.

37202 – When this code was last reviewed in January 2003 the RUC recommended that it have zero direct practice expense inputs, however 45 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to the standard of zero minutes of pre-service time for a 000 day global

50953 – When this code was last reviewed at the August 2003 RUC meeting the PE spreadsheet submitted indicated a total of 30 minutes, however the breakdown of clinical activities totaled 60 minutes.

50955 – When this code was last reviewed at the August 2003 RUC meeting the PE spreadsheet submitted indicated a total of 60 minutes.

51726 – No PE information available.

51785 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52250 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52276 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52277 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52282 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52290 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52300 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52301 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52334 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52341 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52342 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52343 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52344 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52345 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52346 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52351 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52352 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52353 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52354 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

52355 – When this code was last reviewed more minutes than the standard were allocated for some clinical activities.

54100 – When this code was reviewed in January 2003 the RUC recommended that it have 30 minutes pre-service time. PE was reviewed for nonfacility only in March 2004, however the records are unclear on what the rationale was to change it to 33 minutes in the facility if that change was made at that time. It was determined by the workgroup that this code should be modified to 30 minutes of pre-service time for a 000 day global.

61000 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61001 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61020 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61026 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61050 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61055 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

61070 – When this code was last reviewed in March 2002 the RUC recommended that it have 15 minutes pre-service time, however 60 minutes of pre-service time was maintained in the nonfacility. This was an error and it was determined by the workgroup that this code should be modified to 15 minutes of pre-service time for a 000 day global.

62268 – When this code was reviewed in January 2003 the RUC recommended that it have 30 minutes pre-service time. PE was reviewed reviewed in April 2010, however the records are unclear on what the rationale was to change it to 36 minutes if that change was made at that time. It was determined by the workgroup that this code should be modified to 30 minutes of pre-service time for a 000 day global.

67346 – No PE information available.

68100 – When this code was last reviewed an additional clinical activity was added to the standards, *Office visit before surgery/procedure: Review test and exam results*, and allocated 5 minutes of clinical staff time.

93530 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93531 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93532 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93533 – When this code was last reviewed in April 2007 the RUC only made a recommendation for time in the non-facility setting, and no recommendation for pre-service time in the facility setting.

93580 – This code has not been reviewed by the PE Subcommittee.

93581 – This code has not been reviewed by the PE Subcommittee.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
MPC List Screen

January 2013

Destruction of Premalignant Lesions

In the July 19, 2011 Proposed Rule, CPT code 17004 *Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions* was identified through the High Expenditure Procedural screen. In September 2011, the Relativity Assessment Workgroup (RAW) reviewed this family of services and recommended that the specialty societies submit action plans for January 2012. In January 2012, the RUC recommended that this service be surveyed for physician work and PE for the January 2013 RUC meeting.

In January 2013, the RUC reviewed the survey results for these services and agreed with the specialty society that there may have been confusion among the survey respondents. Specifically, for CPT code 17004, the surveyed time may not have accurately reflected the physician work to treat the typical number of lesions (15 or more). The RUC recommended that the specialty society consider adding a question to the survey instrument to determine the typical number of lesions for this code. The specialty society submitted a request to withdraw the issue and resurvey for the April 2013 RUC meeting which was approved.

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	010	Postponed until April 2013 RUC meeting
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	ZZZ	Postponed until April 2013 RUC meeting
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	010	Postponed until April 2013 RUC meeting

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard-Valued Allowed Charges > \$10 mil/CMS High Expenditure Procedural Codes Screen

January 2013

Arthroplasty

In the July 19, 2011 Proposed Rule for the 2012 Medicare Fee Schedule, CMS identified CPT code 27130 *Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft* and 27447 *Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)* as high expenditure procedural codes. CMS also identified CPT code 27446 *Arthroplasty, knee, condyle and plateau; medial OR lateral compartment* as a Harvard-valued service with Annual Allowed Charges Greater than \$10 million.

Prior to valuing these procedures, the specialty societies presented compelling evidence to justify a change in the physician work value. Specifically, the physician work and time components of CPT code 27446 *Arthroplasty, knee, condyle and plateau; medial OR lateral compartment* were Harvard valued. Since that time the technique and technology to perform these services has changed. There have been considerable advances in technology and technique since this code was reviewed in the Harvard survey. Implant geometry, materials, fixation methods, and bearing surfaces have changed significantly. Mobile bearing components have been developed as an alternative to fixed bearing designs. More precise systems for accurate and limited bone cuts as well limb alignment are utilized. Minimally invasive procedures with smaller incisions and limited soft tissue disruption have been developed. All of these factors have changed the physician work during a unicompartmental knee arthroplasty (UKA). Historical indications for UKA included unicompartmental arthritis, age greater than 60 years, patients with a low demand for activity, range of motion arc of 90 degrees with less than 5 degree flexion deformity, weight less than 180 pounds and an intact ACL. These patients are more active and demand better outcomes. These patients may also present with one of the following conditions: rheumatoid arthritis (RA), skeletal dysplasia, post-traumatic arthritis, infections, ligament injury reconstruction, and meniscectomyweight, ACL deficiency, and patellofemoral arthritis. Primary osteonecrosis is now also considered and acceptable indication for UKA. Given this information, the RUC accepted compelling evidence that the current work RVU of 16.38 for 27446 is potentially undervalued.

There was also discussion regarding intra service time. It was noted that surveyed intra-service time decreased compared to current time. Specifically, for CPT code 27130, surveyed intra service time was 100 minutes compared to 135 minutes; for CPT code 27446 surveyed intra-service time was 90 minutes compared to 105 minutes; and lastly, for CPT code 27447, surveyed intra service time was 100 minutes compared to 124 minutes. However, the RUC confirmed that when these codes were reviewed at the September 2005 RUC meeting, physician time was based

on data from the National Surgical Quality Improvement Program (NSQIP) rather than survey data. The RUC confirmed that the actual survey data from September 2005 was similar to the recommended survey time. For example, code 27130 had 135 minutes of NSQIP intra-service time as opposed to 110 minutes based on the survey. Therefore, the RUC agreed with the specialty societies that the recommended survey physician time data for this series of codes is appropriate and relative to past surveys.

27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

The RUC reviewed survey results from 157 orthopedic surgeons and determined that a work RVU 19.60, a direct crosswalk to 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU=19.60) is appropriate. These two services require the same intra service time and similar total time and complexity. The RUC also noted that the work of 27130 and 27447 require the same physician time and complexity to perform, and therefore should be valued the same. To further support this value, the RUC reviewed CPT codes 45400 *Laparoscopy, surgical; proctopexy (for prolapse)* (work RVU=19.44) and 44188 *Laparoscopy, surgical, colostomy or skin level cecostomy* (work RVU=19.35) and agreed that these services require similar work and intensity. The RUC also reviewed key reference service 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU=22.13) and agreed that since the time and intensity is greater for 23472, this should be valued higher. The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that three hospital visits, (2) 99231 and (1) 99232, one discharge day (99238) and three office visits, (1) 99212 and (2) 99213 were appropriate. The specialty society confirmed that the first hospital visit is done on the day of surgery. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later on the same day of surgery to evaluate wound, complete neuromuscular exam and assess the need for continued antibiotics. The RUC noted that although the number of hospital days has decreased from four to three, the overall post-operative work has not substantially changed and is now captured in post-operative office visits. The surgeon is typically involved in intensive care coordination with the primary care provider and relating to physical and occupational therapy. In addition, the physician will complete a musculoskeletal exam on the entire extremity as well as a neurovascular exam. Determining a gait pattern for these patients is essential since the extremity will be considered non-weight bearing post-surgery. **The RUC recommends a work RVU of 19.60 for CPT code 27130.**

27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment

The RUC reviewed survey results from 138 orthopedic surgeons and determined that a work RVU of 17.48, a direct crosswalk to CPT code 27709 *Osteotomy; tibia and fibula* (work RVU=17.48) is appropriate. Although, the intra service time of 27709 is greater, the RUC agreed that 27446 is a more complex procedure. To further support this value, the RUC reviewed CPT codes 46710 *Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach* (work RVU=17.14) and 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU=17.69) and agreed that the physician work and complexity of these services are similar. The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that two hospital visits, (1) 99231 and (1) 99232, one discharge day (99238) and three office visits, (1) 99212 and (2) 99213 were appropriate. The specialty society confirmed that the first hospital visit is done on the day of surgery. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later on the same day of surgery to evaluate wound, complete

neuromuscular exam and assess the need for continued antibiotics. The RUC noted that although the number of hospital days has decreased from four to two, the overall post-operative work has not substantially changed and is now captured in post-operative office visits. The surgeon is typically involved in intensive care coordination with the primary care provider and relating to physical and occupational therapy. In addition, the physician will complete a musculoskeletal exam on the entire extremity as well as a neurovascular exam. Determining a gait pattern for these patients is essential since the extremity will be considered non-weight bearing post-surgery. **The RUC recommends a work RVU of 17.48 for CPT code 27446.**

27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

The RUC reviewed survey results from 157 orthopedic surgeons and determined that a work RVU 19.60, a direct crosswalk to 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU=19.60) is appropriate. These two services require the same intra service time and similar total time and complexity. The RUC also noted that the work of 27130 and 27447 require the same physician time and complexity to perform, and therefore should be valued the same. To further support this value, the RUC reviewed CPT codes 45400 *Laparoscopy, surgical; proctopexy (for prolapse)* (work RVU=19.44) and 44188 *Laparoscopy, surgical, colostomy or skin level cecostomy* (work RVU=19.35) and agreed that these services require similar work and intensity. The RUC also reviewed key reference service 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU=22.13) and agreed that since the time and intensity is greater for 23472, this should be valued higher. The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that three hospital visits, (2) 99231 and (1) 99232, one discharge day (99238) and three office visits, (1) 99212 and (2) 99213 were appropriate. The specialty society confirmed that the first hospital visit is done on the day of surgery. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later on the same day of surgery to evaluate wound, complete neuromuscular exam and assess the need for continued antibiotics. The RUC noted that although the number of hospital days has decreased from four to three, the post-operative work has not substantially changed and is now captured in post-operative office visits. The surgeon is typically involved in intensive care coordination with the primary care provider and relating to physical and occupational therapy. In addition, the physician will complete a musculoskeletal exam on the entire extremity as well as a neurovascular exam. Determining a gait pattern for these patients is essential since the extremity will be considered non-weight bearing post-surgery. **The RUC recommends a work RVU of 19.60 for CPT code 27447.**

Practice Expense:

The RUC reviewed and approved the direct practice expense inputs as recommended by the Practice Expense Subcommittee.

Work Neutrality:

The RUC's recommendation for this family of codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
27130		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	19.60
27446		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	17.48
27447		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	19.60

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

CPT Code: 27130 Tracking Number

Original Specialty Recommended RVU: **21.79**Presented Recommended RVU: **21.79**

Global Period: 090

RUC Recommended RVU: **19.60**

CPT Descriptor: Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old obese female (BMI > 30) with osteoarthritis of the lumbar spine and chronic low back pain presents with severe left hip pain affecting activities of daily living. She is hypertensive and a non-insulin dependent diabetic. At operation, she undergoes a conventional total left hip arthroplasty (THA).

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

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

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 59%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs; with special attention to review of radiographs and scaled radiographs if necessary, which were used for sizing and ordering of special implants or allografts. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for documentation and intraoperative cell saver. Ensure that an array of implants is available for possible use in the operating room. An estimate of the appropriate size component is determined by templating with radiographs. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: After incising the skin and the fascia the glutei were taken off the femur one at a time. Once this was completed, leg length assessment is done by placing markers in the pelvis and in the femur as well as checking through the drapes. After assessing leg length and doing a capsulectomy, the femoral head is then dislocated and femoral neck osteotomy is performed at the proper height. This is then followed by finding the femoral canal and then doing sequential raspings with the broaches until the correct rotational and axial stability is achieved. The calcar planer is then utilized to plane down the neck. The appropriate dissection and releases were then performed to expose the socket. The appropriate retractors are then placed anteriorly as well as posteriorly, all excess capsule and redundant labrum is then

removed utilizing the knife. All osteophytes are then carefully removed utilizing each of the osteotomes starting with a half inch all the way up to the one inch osteotomes. After removal of the osteophytes, the base of the acetabulum is then found by utilizing a small reamer. Once the reamer is carefully placed all the way down to the medial wall of the acetabulum, sequential reamers in 1 mm increments are utilized all the way up to correct size. This is determined based on the axial and offcenter loading of the reamers. Once this is completed, trial implants are seated and stability as well as leg length measurement are then done. Once the proper sizing and stability issues are determined, the socket is seated. The drill is then utilized and placed over the holes for the socket to insert screws. Usually 2 are depth gaged and then inserted. The central hole sealer is then placed in situ and the liner is then placed and tapped after cleaning all soft tissue. Once this was completed, trial reduction with the rasp is done again to check stability and range of motion for impingement or dislocation. Redundant capsule is then removed from the posterior aspect. The implant is then opened up and checked and then it's placed and tapped in situ. Once this is completed, copious irrigation is done. Leg length is then assessed again with trial necks. The real head/neck is then placed and tapped in situ. The hip is then reduced. An x ray is taken to verify the position of the components. Sponge and needle counts are then done and then a deep drain is placed. The closure is then performed in multilayers being careful to reattach the muscles to the proper structures.

Description of Post-Service Work: Hospital - through discharge from recovery room: Apply sterile dressings and extension splint or continuous Passive Motion apparatus (CPM). Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Monitor patient stabilization in the recovery room, with a careful neurologic examination of the extremity. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to orthopaedic floor and discuss ongoing care with floor nurses.

Hospital visits: Review interval chart notes. Discuss ongoing care with floor nurses. Continue prophylaxis for DVT; monitor daily for adequacy. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Examine patient, assess neurologic status, check wounds, change dressings, and remove drain, when appropriate. Order and monitor physiotherapy and assess range of motion progress. Assess opposite extremity for comparison. Write orders for progression to active exercise. Review nursing/other staff patient chart notes. Write orders for films, as necessary. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Hospital Discharge Management: Review interval chart notes. Examine patient, assess neurologic status, check wounds, and change dressings. Write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home. Write orders for follow-up, post-discharge labs, x-rays, home health care, and physical therapy. Write prescriptions for medications needed post-discharge. Restrictions and activity levels are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-op Office Visits: Review interval chart notes. Review anticoagulation laboratory values and adjust medication as needed. Examine and talk with patient. Assess surgical wound. Remove staples and sutures, when appropriate. Assess neurovascular status, ROM, circulation, sensation, and motor function of the operated extremity. Assess opposite extremity for comparison. Review activity and restrictions. Order occupational therapy. Supervise rehabilitation. Order radiographs, as necessary. Discuss progress with PCP (verbal and written). Assess pain scores and adequacy of analgesia. Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013				
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Froimson, MD; Frank Voss, MD					
Specialty(s):	orthopaedic surgery					
CPT Code:	27130					
Sample Size:	700	Resp N:	150	Response: 21.4 %		
Description of Sample:	random selection from membership roster					
		Low	25 th pctl	Median*	75 th pctl	High
Service Performance Rate		1.00	25.00	53.00	120.00	300.00
Survey RVW:		14.16	23.00	24.00	26.00	48.00
Pre-Service Evaluation Time:				45.00		
Pre-Service Positioning Time:				15.00		
Pre-Service Scrub, Dress, Wait Time:				20.00		
Intra-Service Time:		60.00	90.00	100.00	120.00	180.00
Immediate Post Service-Time:	25.00					
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00				
Other Hospital time/visit(s):	80.00	99231x 2.00 99232x 1.00 99233x 0.00				
Discharge Day Mgmt:	38.00	99238x 1.00 99239x 0.00 99217x 0.00				
Office time/visit(s):	62.00	99211x 0.00 12x 1.00 13x 2.00 14x 0.00 15x 0.00				
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00				
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27130	Recommended Physician Work RVU: 19.60		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	40.00	0.00
Pre-Service Positioning Time:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00
Intra-Service Time:		100.00		
Immediate Post Service-Time:	25.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	80.00	99231x 2.00	99232x 1.00	99233x 0.00
Discharge Day Mgmt:	38.00	99238x 1.0	99239x 0.0	99217x 0.00
Office time/visit(s):	62.00	99211x 0.00	12x 1.00	13x 2.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00 57x 0.00

Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00
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Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	19.68	RUC Time	8,472

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	69,419

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63075	090	19.60	RUC Time

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 88 % of respondents: 58.6 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> 27130	<u>Key Reference CPT Code:</u> 23472	<u>Source of Time</u> RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	100.00	140.00	
Median Immediate Post-service Time	25.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	80.0	80.00	
Median Discharge Day Management Time	38.0	38.00	

Median Office Visit Time	62.0	85.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	380.00	448.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.67	3.55
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.66
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Urgency of medical decision making	2.67	2.63
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.53	4.38
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Physical effort required	4.59	4.15
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Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.45	4.05
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Outcome depends on the skill and judgment of physician	4.66	4.44
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Estimated risk of malpractice suit with poor outcome	4.35	4.02
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INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.80	3.67
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Intra-Service intensity/complexity	4.33	4.19
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Post-Service intensity/complexity	3.50	3.41
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Code 27130 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The American Academy of Orthopaedic Surgeons and American Association of Hip and Knee Surgeons conducted a RUC survey and collected 150 responses.

Pre-time Package 4 was selected with the addition of 12 minutes (15 min total) for lateral decubitus positioning. This time is slightly less than other hip procedures reviewed by the RUC (eg, 27076-27078), but is consistent with the survey median positioning time.

The median intra-service time of 100 minutes is less than the current RUC database intra-service time of 135 which is based on 2005 NSQIP data. The 2005 survey median intra-service time was 110 minutes; closer to the current survey data. NSQIP is not currently a valid extant database; therefore we cannot provide updated information from NSQIP to show that the NSQIP times would be similar to what was shown in 2005. However, we believe the fact that our current survey is consistent with the 2005 survey shows that the intra-work has not materially changed.

Although both the survey median and 25th percentile wRVU support a higher value, the consensus panel does not believe there is compelling evidence to recommend an increase in the wRVU.

Therefore, we **recommend maintaining the current wRVU of 21.79**, which is less than the survey median and 25th percentile. An RVU of 21.79 is appropriately greater than MPC code 37215, which has 3 minutes more intra-time, but two less hospital visits and one less office visit. It is also similar, but slightly lower in RVW as the key reference service, 23472. Our survey respondents indicated the complexity of the surveyed code is considerably greater than 23472 and therefore, a value similar to 23472 with a higher IWPOT is appropriate.

Rank Order with Other RUC Reviewed Hip/Knee Codes

The consensus panel believes the recommended RVW for 27130 of 21.79 maintains the correct rank order with 27236, Hemi Hip Arthroplasty, which was surveyed and reviewed at the October 2012 RUC and recommended to maintain its current value of 17.61. Although 27236 has more post-operative time because the typical patient is sicker and older and therefore requires a higher level hospital visit as well as an additional office/outpatient visit, the complexity and intensity of work for a Total Hip Arthroplasty is substantially more and the current values of 27236 and 27130 appropriately reflect this difference

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27236	17.61	418	75	90	30	2	1	1	3	1
27130	21.79	380	75	100	25	1	2	1	2	1

The consensus panel also believes the recommended RVW for 27130 of 21.79, combined with the recommended RVW for 27447, Total Knee Arthroplasty, of 22.13 creates appropriate rank order between these procedures. The current values for 27130 and 27447 are slightly out of rank order and by decreasing the RVW for 27447 and maintaining the current RVW of 27130, the difference in complexity/intensity correctly reflects the fact that Total Knee Arthroplasty is a more technically intense procedure where more time is spent in the insertion and fitting of the prosthesis than is the case of Total Hip Arthroplasty where more time is spent exposing the joint and in closing.

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27130	21.79	380	75	100	25	1	2	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

Medicare Utilization

Code 27130 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The AAOS and AAHKS reviewed the Medicare utilization for 27130 to determine if there were any significant recent increases in Medicare volume which might suggest misvaluation as the Relativity Assessment Workgroup has focused on in recent reviews of existing procedure values. We note the following Medicare volumes:

2007: 105,136

2008: 105,041

2009: 105,490

2010: 110,145

2011: 113,827

2012: 116,189

Total Medicare volume change from 2005-2012: 11.053

Annual percentage Medicare volume change from 2005-2012: 1.90%

This is a very small percentage change in volume, no higher than annual increases in changes in total Medicare patients as a percentage of all Americans. The expert panel believes that the essentially flat utilization supports that this procedure is being appropriately performed in the Medicare population.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27130

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

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

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty Frequency 0 Percentage 0.00 %

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
 116,189 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
 Please explain the rationale for this estimate. RUC database

Specialty orthopaedic surgery	Frequency 115500	Percentage 99.40 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27130

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 27446	Tracking Number	Original Specialty Recommended RVU: 17.48
		Presented Recommended RVU: 17.48
Global Period: 090		RUC Recommended RVU: 17.48

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial OR lateral compartment

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old obese female (BMI>30) with osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living. She is a non-insulin dependent diabetic. At operation, she undergoes a uni-compartmental knee replacement.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 99% , In the ASC 1%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 2% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 96%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 59%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs; with special attention to review of radiographs and scaled radiographs if necessary, which were used for sizing and ordering of special implants or allografts. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for documentation and intraoperative cell saver. Ensure that an array of implants is available for possible use in the operating room. An estimate of the appropriate size component is determined by templating with radiographs. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: After limb exsanguination, the tourniquet is elevated. An appropriate incision for unicompartmental knee arthroplasty is used. After exposure, the knee is carefully inspected visually for the presence of arthritis in the two non-operative compartments. The ACL is inspected and tested. The remnant meniscus and the osteophytes of the operative compartment are removed. The tibia is exposed sufficiently to allow proximal (usually medial) resection of the tibia without injury to the ACL, PCL or MCL. After adequate distal femoral resection has been made, the femur is sized and the appropriate jig to complete the posterior and posterior chamfer cut is used to cut and drill the femur. Posterior femoral osteophytes can then be removed.

Then the improved visualization allows proper sizing and preparation of the tibial surface. Once the trial implants have been placed a complete examination of the alignment, ligamentous balance, range of motion and patellar tracking is done. The appropriate implants are then selected.

The knee is prepared for cementing with careful retractor placement, pulsatile lavage, and suction to dry the cut bony surface. Cement is applied to the tibial surface and the tibial component is impacted. Excess cement is then removed from the posterior tibial recess. Then the femoral component is cemented as well. A trial polyethylene is used to pressurize the components onto the bony surface. After the cement has cured, excess cement is carefully removed from around the components. Then the correct polyethylene is placed, the knee is again tested, the tourniquet is deflated and hemostasis is achieved. The knee wound is closed in layers.

Description of Post-Service Work: Hospital - through discharge from recovery room: Apply sterile dressings and extension splint or continuous Passive Motion apparatus (CPM). Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Monitor patient stabilization in the recovery room, with a careful neurologic examination of the extremity. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to orthopaedic floor and discuss ongoing care with floor nurses.

Hospital visits: Review interval chart notes. Discuss ongoing care with floor nurses. Continue prophylaxis for DVT; monitor daily for adequacy. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Examine patient, assess neurologic status, check wounds, change dressings, and remove drain, when appropriate. Order and monitor physiotherapy and assess range of motion progress. Assess opposite extremity for comparison. Write orders for progression to active exercise. Review nursing/other staff patient chart notes. Write orders for films, as necessary. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Hospital Discharge Management: Review interval chart notes. Examine patient, assess neurologic status, check wounds, and change dressings. Write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home. Write orders for follow-up, post-discharge labs, x-rays, home health care, and physical therapy. Write prescriptions for medications needed post-discharge. Restrictions and activity levels are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-op Office Visits: Review interval chart notes. Review anticoagulation laboratory values and adjust medication as needed. Examine and talk with patient. Assess surgical wound. Remove staples and sutures, when appropriate. Assess neurovascular status, ROM, circulation, sensation, and motor function of the operated extremity. Assess opposite extremity for comparison. Review activity and restrictions. Order occupational therapy. Supervise rehabilitation. Order radiographs, as necessary. Discuss progress with PCP (verbal and written). Assess pain scores and adequacy of analgesia. Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Froimson, MD; Frank Voss, MD				
Specialty(s):	orthopaedic surgery (AAOS, AAHKS)				
CPT Code:	27446				
Sample Size:	700	Resp N:	138	Response: 19.7 %	
Description of Sample:	random selection from membership roster				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	5.00	15.00	150.00
Survey RVW:	13.00	20.00	22.00	24.00	45.00
Pre-Service Evaluation Time:			45.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			20.00		
Intra-Service Time:	60.00	75.00	90.00	105.00	150.00
Immediate Post Service-Time:	20.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	60.00	99231x 1.00 99232x 1.00 99233x 0.00			
Discharge Day Mgmt:	38.00	99238x 1.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	62.00	99211x 0.00 12x 1.00 13x 2.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27446	Recommended Physician Work RVU: 17.48		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	40.00	0.00
Pre-Service Positioning Time:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00
Intra-Service Time:		90.00		
Immediate Post Service-Time:	20.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	60.00	99231x 1.00 99232x 1.00 99233x 0.00		
Discharge Day Mgmt:	38.00	99238x 1.0 99239x 0.0 99217x 0.00		
Office time/visit(s):	62.00	99211x 0.00 12x 1.00 13x 2.00 14x 0.00 15x 0.00		
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00		

Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00
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Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	50,309

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	19.68	RUC Time	8,472

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27709	090	17.48	RUC Time

CPT Descriptor Osteotomy; tibia and fibula

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 55 % of respondents: 39.8 %

TIME ESTIMATES (Median)

	CPT Code: 27446	Key Reference CPT Code: <u>23472</u>	Source of Time RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	90.00	140.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	60.0	80.00	
Median Discharge Day Management Time	38.0	38.00	

Median Office Visit Time	62.0	85.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	345.00	448.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.57	3.50
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.56	3.59
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Urgency of medical decision making	2.78	2.89
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.41	4.30
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Physical effort required	3.96	3.93
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.91
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Outcome depends on the skill and judgment of physician	4.57	4.43
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Estimated risk of malpractice suit with poor outcome	4.04	3.91
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INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.56	3.59
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Intra-Service intensity/complexity	4.11	4.11
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Post-Service intensity/complexity	3.39	3.50
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Compelling Evidence to Increase wRVU

- Evidence that incorrect assumptions were made in the previous valuation of the service***
 Harvard utilized the AMA Physician Masterfile to draw names for their surveys. While general orthopaedic surgeons can perform arthroplasties, it is more typical for patients to be referred to orthopaedic surgeons who specialize in joint replacement. We do not believe that all specialty surgeons were surveyed for these codes, since the AMA Masterfile did not delineate orthopaedic specialties.
- Evidence that the patient population has changed***
 Historical indications for unicompartmental knee arthroplasty (UKA) included unicompartmental arthritis, age greater than 60 years, low demand for activity, range of motion arc of 90 degrees with < 5 degree flexion deformity, weight < 180 pounds, and an intact ACL. More recently, the indications have expanded especially with respect to age, weight, ACL deficiency, and patellofemoral arthritis. Primary osteonecrosis is now also considered and acceptable indication for UKA. Therefore, the population of patients undergoing this procedure is significantly different than it was in the 1980's and 1990's.
- Evidence that technology has changed physician work***
 Since the late 1980's when this code was reviewed in the Harvard survey, there have been considerable advances in technology and technique. Implant geometry, materials, fixation methods, and bearing surfaces have changed significantly. Mobile bearing components have been developed as an alternative to fixed bearing designs. More precise systems for accurate and limited bone cuts as well limb alignment are utilized. Minimally invasive procedures with smaller incisions and limited soft tissue disruption have been developed. All of these factors have changed the physician work during a UKA.

Recommended Value

The American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons, and the conducted a RUC survey and collected 138 responses.

Pre-time Package 4 was selected with the addition of 12 minutes (15 min total) for positioning the patient's leg on the table with proper bolstering to aid surgical exposure, positioning equipment for intraoperative imaging, and application of a tourniquet. This time is consistent with other knee procedures reviewed by the RUC (eg, 27556-27558) and consistent with the survey median positioning time.

Based on the compelling evidence noted above, the consensus panel reviewing the survey data believe the work to perform 27446 has increased since the previous review by Harvard in the late 1980s. The consensus panel reviewed the survey median and 25th percentile work RVUs and determined those values were too high.

Instead, **we recommend crosswalking the work RVU (17.48) from RUC reviewed code 27709** (*Osteotomy; tibia and fibula*). Although 27709 has slightly greater intra-time, the post-op work for 27709 is less than 27446. Total time for both codes is almost identical.

CPT	RVW	Total time	pre	intra	sd-post	99232	99231	99238	99213	99212
27446	17.48	345	75	90	20	1	1	1	2	1
27709	17.48	346	68	108	15		2	1	2	2

Rank Order with Other RUC Reviewed Hip/Knee Codes

The consensus panel believes the recommended RVW for 27446, combined with the recommended RVW for 27447, Total Knee Arthroplasty, creates appropriate rank order between these procedures. The current values for 27446 and 27447 are slightly out of rank order, and by slightly increasing the RVW for 27446, and slightly decreasing the RVW for 27447, both the difference in time and in complexity/intensity is correct.

CPT	RVW	Total time	pre	intra	sd-post	99232	99231	99238	99213	99212
-----	-----	------------	-----	-------	---------	-------	-------	-------	-------	-------

CPT Code: 27446									
27446	17.48	345	75	90	20	1	1	1	2
27447	22.13	380	75	100	25	1	2	1	2

Medicare Utilization

Code 27446 was added as a family code to 27447, which was identified on the CMS high PFS expenditure list, requiring review by the RUC. The AAOS and AAHKS reviewed the Medicare utilization for 27446 to determine if there were any significant recent increases in Medicare volume which might suggest misvaluation as the Relativity Assessment Workgroup has focused on in recent reviews of existing procedure values. We note the following Medicare volumes:

2007: 11,151

2008: 11,024

2009: 12,552

2010: 14,476

2011: 13,684

2012: 12,506

Total Medicare volume change from 2005-2012: 1355

Annual percentage Medicare volume change from 2005-2012: 2.17%

This is a very small percentage change in volume, no higher than annual increases in changes in total Medicare patients as a percentage of all Americans. The expert panel noted that the Medicare utilization for 27446 appears to appropriately reflect the need for this procedure in the Medicare population.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27446

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

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

Specialty orthopaedic surgery

How often? Sometimes

Specialty How often?

Specialty How often?

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

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

12,506 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty orthopaedic surgery	Frequency 12500	Percentage 99.95 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27446

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 27447	Tracking Number	Original Specialty Recommended RVU: 22.13
		Presented Recommended RVU: 22.13
Global Period: 090		RUC Recommended RVU: 19.60

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old obese female (BMI > 30) with bilateral osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living. She is hypertensive and a non-insulin dependent diabetic. At operation, she undergoes a conventional total right knee arthroplasty (TKA).

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

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

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 58%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs; with special attention to review of radiographs and scaled radiographs if necessary, which were used for sizing and ordering of special implants or allografts. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for documentation and intraoperative cell saver. Ensure that an array of implants is available for possible use in the operating room. An estimate of the appropriate size component is determined by templating with radiographs. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: After the tourniquet is elevated following exsanguination, an acceptable surgical incision is utilized to expose the joint. After everting the patella, appropriate soft tissue elevation and removal is performed to expose and visualize the joint. Care and attention is utilized to evaluate the ligament balance of the knee and appropriate soft tissue releases are performed to restore balance to the joint. The remnant meniscal tissue and overlying osteophytes are removed and if indicated, the cruciate ligaments are released. Next, attention is turned to the patella. The patella is measured and then the articular surface is resected at the appropriate depth. The optimal component size is selected and the fixation holes drilled. Next, attention is turned to the distal femur. The intramedullary canal is drilled and the distal femoral

cutting block is applied. The alignment of the block is confirmed and the distal femoral resection is made. The AP and ML size of the distal femur is evaluated and the appropriate implant size selected following which the remaining chamfer and AP bone cuts of the distal femur are made. The remainder of the posterior cruciate ligament is excised to expose everything back to the capsule. This tissue is resected, taking great care to leave the collateral ligaments intact and protect the neurovascular structures. The tibia is subluxed forward and the tibial cutting guide is applied, the optimal position in all planes confirmed and the bone cut made. The tibia is sized for the appropriate implant and the bone prepared. Next, the trial components are inserted and a trial reduction of the prosthetic knee is performed. Overall limb alignment, soft tissue and ligamentous balance and prosthetic interactions are assessed. Further refinement of the soft tissue balance, the bone resections for alignment and the prosthetic implant interaction are performed as indicated to optimize the prosthetic longevity. The polyethylene insert into place onto the tibial prosthesis. Knee stability, range of motion and alignment are again confirmed. Having completed all of the preparations, the tourniquet is released, hemostasis obtained, a deep drain placed, and the wound closed in layers.

Description of Post-Service Work: Hospital - through discharge from recovery room: Apply sterile dressings and extension splint or continuous Passive Motion apparatus (CPM). Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Monitor patient stabilization in the recovery room, with a careful neurologic examination of the extremity. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to orthopaedic floor and discuss ongoing care with floor nurses.

Hospital visits: Review interval chart notes. Discuss ongoing care with floor nurses. Continue prophylaxis for DVT; monitor daily for adequacy. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Examine patient, assess neurologic status, check wounds, change dressings, and remove drain, when appropriate. Order and monitor physiotherapy and assess range of motion progress. Assess opposite extremity for comparison. Write orders for progression to active exercise. Review nursing/other staff patient chart notes. Write orders for films, as necessary. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Hospital Discharge Management: Review interval chart notes. Examine patient, assess neurologic status, check wounds, and change dressings. Write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home. Write orders for follow-up, post-discharge labs, x-rays, home health care, and physical therapy. Write prescriptions for medications needed post-discharge. Restrictions and activity levels are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-op Office Visits: Review interval chart notes. Review anticoagulation laboratory values and adjust medication as needed. Examine and talk with patient. Assess surgical wound. Remove staples and sutures, when appropriate. Assess neurovascular status, ROM, circulation, sensation, and motor function of the operated extremity. Assess opposite extremity for comparison. Review activity and restrictions. Order occupational therapy. Supervise rehabilitation. Order radiographs, as necessary. Discuss progress with PCP (verbal and written). Assess pain scores and adequacy of analgesia. Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013			
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Froimson, MD; Frank Voss, MD				
Specialty(s):	orthopaedic surgery				
CPT Code:	27447				
Sample Size:	700	Resp N:	157	Response: 22.4 %	
Description of Sample:	random selection from membership roster				
		Low	25 th pctl	Median*	75 th pctl
Service Performance Rate		0.00	50.00	90.00	150.00
Survey RVW:		14.00	22.13	24.00	26.00
Pre-Service Evaluation Time:				45.00	
Pre-Service Positioning Time:				15.00	
Pre-Service Scrub, Dress, Wait Time:				20.00	
Intra-Service Time:		60.00	90.00	100.00	120.00
Immediate Post Service-Time:	25.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	80.00	99231x 2.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	38.00	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	62.00	99211x 0.00	12x 1.00	13x 2.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27447	Recommended Physician Work RVU: 19.60		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	40.00	0.00
Pre-Service Positioning Time:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00
Intra-Service Time:		100.00		
Immediate Post Service-Time:	25.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	80.00	99231x 2.00	99232x 1.00	99233x 0.00
Discharge Day Mgmt:	38.00	99238x 1.0	99239x 0.0	99217x 0.00
Office time/visit(s):	62.00	99211x 0.00	12x 1.00	13x 2.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00

Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00
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Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	19.68	RUC Time	8,472

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	69,419

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63075	090	19.60	RUC Time

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 80 % of respondents: 50.9 %

TIME ESTIMATES (Median)

	CPT Code: 27447	Key Reference CPT Code: 23472	Source of Time RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	100.00	140.00	
Median Immediate Post-service Time	25.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	80.0	80.00	
Median Discharge Day Management Time	38.0	38.00	

Median Office Visit Time	62.0	85.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	380.00	448.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.59	3.41
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.68	3.54
--	------	------

Urgency of medical decision making	2.68	2.57
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.41	4.23
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Physical effort required	4.28	3.90
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.33	3.96
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Outcome depends on the skill and judgment of physician	4.60	4.34
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Estimated risk of malpractice suit with poor outcome	4.10	3.88
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INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.75	3.65
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Intra-Service intensity/complexity	4.31	4.09
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Post-Service intensity/complexity	3.59	3.35
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Code 27447 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons conducted a RUC survey and collected 157 responses.

Pre-time Package 4 was selected with the addition of 12 minutes (15 min total) for positioning the patient's leg on the table with proper bolstering to aid surgical exposure, positioning equipment for intraoperative imaging, and application of a tourniquet. This time is consistent with other knee procedures reviewed by the RUC (eg, 27556-27558) and consistent with the survey median positioning time.

The median intra-service time of 100 minutes is less than the current RUC database intra-service time of 124 which is based on 2005 NSQIP data. The 2005 survey median intra-service time was 95 minutes; slightly less than the current survey data. NSQIP is not currently a valid extant database; therefore we cannot provide updated information from NSQIP to show that the NSQIP times would be similar to what was shown in 2005. However, we believe the fact that our current survey is consistent with the 2005 survey shows that the intra-work has not materially changed.

The survey median work RVU supports a value greater than the current wRVU. However, we do not believe there is compelling evidence to recommend an increase in wRVUs.

We recommend the survey 25th percentile RVW of 22.13, which is less than the current wRVU of 23.25. This is slightly greater than MPC code 37215, which has 3 minutes more intra-time, but two less hospital visits and one less office visit. It is also the same RVW as the key reference service, 23472, which we believe is appropriate. Our survey respondents indicated the complexity of the surveyed code is considerably greater than 23472 and therefore, a value equal to 23472, with a correspondingly higher IWPOT is appropriate.

Rank Order with Other RUC Reviewed Hip/Knee Codes

The consensus panel believes the recommended RVW for 27447 of 22.13, combined with the recommended RVW for 27446, Uni Knee Arthroplasty, of 17.48 creates appropriate rank order between these procedures. The current values for 27446 and 27447 are slightly out of rank order and by slightly increasing the RVW for 27446 and slightly decreasing the RVW for 27447, both the difference in time and in complexity/intensity is correct.

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27446	17.48	345	75	90	20	1	1	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

The current values for 27130 and 27447 are slightly out of rank order and by decreasing the RVW for 27447 and maintaining the current RVW of 27130, the difference in complexity/intensity correctly reflects the fact that Total Knee Arthroplasty is a more technically intense procedure where more time is spent in the insertion and fitting of the prosthesis than is the case of Total Hip Arthroplasty where more time is spent exposing the joint and in closing.

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27130	21.90	380	75	100	25	1	2	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

Medicare Utilization

Code 27447 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The AAOS and AAHKS reviewed the Medicare utilization for 27447 to determine if there were any significant recent increases in Medicare volume which might suggest misvaluation as the Relativity Assessment Workgroup has focused on in recent reviews of existing procedure values. We note the following Medicare volumes:

2007: 263,210

2008: 259,457

2009: 256,319

2010: 260,953

2011: 270,072

2012: 261,381

Total Medicare volume change from 2005-2012: -1,859

Annual percentage Medicare volume change from 2005-2012: -0.14%

There has actually been a very slight decrease in total Medicare volume in the past five years. The expert panel believes that the current flat to declining utilization supports that this procedure is being appropriately performed in the Medicare population.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 27447

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

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

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

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

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
 261,381 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
 Please explain the rationale for this estimate. RUC database

Specialty orthopaedic surgery	Frequency 260000	Percentage 99.47 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27447

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Arthroplasty

				RVW					TOT	PRE			INTRA			FAC-inpt/same day					OFFICE									
	CPT	DESC		Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11

UNI-KNEE

REF	23472	Arthroplasty, glenohumeral joint; total s	55	0.089		22.13		448	40	15	20		140		30	1	2.0	1.0		3	1					
HVD	27446	Arthroplasty, knee, condyle and platea		0.091		16.38		342	23	8	25		105		19		3	1.0			4					
SVY	27446	Arthroplasty, knee, condyle and platea	138	0.158	13.00	20.00	22.00	23.00	45.00	350	45	15	20	60	75	90	105	150	20		1	1	1.0		2	1
REC				0.109		17.48		345	40	15	20		90		20		1	1	1.0		2	1				

TOTAL KNEE

REF	23472	Arthroplasty, glenohumeral joint; total s	80	0.089		22.13		448	40	15	20		140		30	1	2.0	1.0		3	1				
RUC-05	27447	Arthroplasty, knee, condyle and platea		0.099		23.25		469	45	15	15		124		30	1	3	1.0		1	2	1			
SVY	27447	Arthroplasty, knee, condyle and platea	157	0.153	14.00	22.13	24.00	26.00	52.00	385	45	15	20	60	90	100	120	180	25	1	2	1.0		2	1
REC				0.110		19.60		380	40	15	20		100		25	1	2	1.0		2	1				

TOTAL HIP

REF	23472	Arthroplasty, glenohumeral joint; total s	88	0.089		22.13		448	40	15	20		140		30	1	2.0	1.0		3	1				
RUC-05	27130	Arthroplasty, acetabular and proximal f		0.081		21.79		478	60	15	15		135		30	1	3	1.0		3	1				
SVY	27130	Arthroplasty, acetabular and proximal f	150	0.153	14.16	23.00	24.00	26.00	48.00	385	45	15	20	60	90	100	120	180	25	1	2	1.0		2	1
REC				0.110		19.60		380	40	15	20		100		25	1	2	1.0		2	1				

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs**

CPT Long Descriptor:

- 27130** Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
- 27446** Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
- 27447** Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

Global Period 90

Meeting Date January 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Orthopaedic surgeons familiar with the procedures reviewed current PE inputs and modified based on change to number of post-op office visits.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

- The only change from current PE inputs is an adjustment for change in number of post-op visits.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic & referral forms
Coordinate pre-surgery services
Schedule space and equipment in facility
Provide pre-service education/obtain consent
Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:

Phone calls to family, caregiver, pharmacy, therapist, and/or home care related to discharge management and instructions

Post-Service Clinical Labor Activities:

Assist physician at post-op office visits

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
2				Survey Code		Reference Code		Survey Code		Reference Code		Survey Code		Reference Code	
3				27446		27446 PEAC 2002		27447		27447 PEAC 2002		27130		27130 PEAC 2002	
4	Meeting Date: January 2013 Tab: 20 Specialty: Orthopaedic Surgery	CMS Code	Staff Type	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	
5	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6	GLOBAL PERIOD			90	90	90	90	90	90	90	90	90	90	90	90
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	171	n/a	180	n/a	180	n/a	224	n/a	180	n/a	207
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	60	n/a	60	n/a	60	n/a	60	n/a	60	n/a	60
9	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12
10	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	99	n/a	108	n/a	108	n/a	152	n/a	108	n/a	135
11	PRE-SERVICE														
12	Start: Following visit when decision for surgery or procedure made														
13	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5		5		5
14	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20		20		20
15	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8		8		8
16	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20		20		20
17	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7		7		7
19	End: When patient enters office/facility for surgery/procedure														
20	SERVICE PERIOD														
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12
44	POST-SERVICE Period														
45	Start: Patient leaves office/facility														
46	Conduct phone calls/call in prescriptions														
47	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16												
49	99212 27 minutes		27		1		4		0		1		0		1
50	99213 36 minutes		36		2				3		2		3		3
51	99214 53 minutes		53								1				
52	99215 63 minutes		63												
53	Total Office Visit Time	L037D	RN/LPN/MTA	0	99	0	108	0	108	0	152	0	108	0	135
54	Other Clinical Activity - specify:														
55	End: with last office visit before end of global period														
56	MEDICAL SUPPLIES			CODE	UNIT										
57	pack, minimum multi-specialty visit	SA048	pack		3		4		3		4		3		4
58	pack, post-op incision care (staple)	SA052	pack		1		1		1		1		1		1
63	EQUIPMENT			CODE											
64	table, power	EF031			99		63		108		152		108		135

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes Screen

January 2013

Thromboendarterectomy

CPT code 35301 was identified by CMS in the 2012 Proposed Rule through the High Expenditure Procedural screen. In January 2012, the Relativity Assessment Workgroup (RAW) recommended this service be surveyed for presentation at the January 2013 RUC meeting.

35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Prior to valuing this procedure, the specialty societies presented compelling evidence to justify a change in the physician work value. First, the patient population has changed since the last RUC valuation in 1994. Clinical guidelines have since been better defined, which patients are suitable candidates for carotid endarterectomy vs. medical therapy or carotid artery stenting. This has led to a 44% decrease in Medicare utilization over the past decade. The smaller overall cohort size and the introduction of carotid stenting resulted in a different clinical population that received carotid endarterectomy in 2012 compared to 1994 when the code was last reviewed. In addition to the changing cohort of patients undergoing carotid endarterectomy as described above, this population is older. When comparing the patient characteristics from 2011 to those of 1994 when the code was last reviewed, there has been an 11% increase in the percentage of patients who are over 75 years old and a 69% increase in the percentage of patients who are over 85 years old.

Second, since the last review in 1994, the dominant provider has changed, indicating that the patient population has indeed changed.

Specialty	1994	2011
General Surgery	35%	22%
Vascular Surgery	23%	47%
Thoracic Surgery	22%	12%
Cardiac Surgery	7%	14%
Neurosurgery	6%	2%

Given these arguments, the RUC accepted compelling evidence that the current work RVU of 19.61 for CPT code 35301 is potentially misvalued.

The RUC reviewed the survey results from 117 vascular surgeons and recommends the following physician time components: pre-service time= 75 minutes, intra-service time= 120 minutes and immediate post-service time= 30 minutes. The RUC agreed with the specialty society that 12 minutes of positioning time above the standard pre-service package is warranted to account for the application of neuro-monitoring equipment and to properly position the patient with the neck extended and rotated away from the operative side. This allotment of minutes has precedence in CPT code 60240 *Thyroidectomy, total or complete*, approved by the RUC and CMS in the Fourth Five-Year Review.

The RUC noted that while they were convinced the current work value is misvalued, the survey intra-service time of 120 minutes is 24 minutes less than the current time. The specialty society explained that while there is only one carotid endarterectomy code there are three distinct methods to perform this operation, and each of them has a different intra-time and intra-intensity profile. The fastest way to perform a carotid endarterectomy is with the patient wide awake under the sterile drapes. Surgeons who use this awake carotid endarterectomy method must operate very quickly because of potential difficulty with patients becoming uncomfortable and altering positions. While this procedure is the fastest carotid endarterectomy method, it is also the most intense, since the physician is performing an incredibly precise operation with the patient awake. Thus, surgeons who use this approach are likely to report short intra-service times. The slowest way to do a carotid endarterectomy is with the patient under general anesthesia with insertion of a blood-flow shunt around the operative site. This procedure takes longer because the shunt must be inserted and removed. Thus, when the surgeon shunts the patient, the carotid endarterectomy takes more intra-time. It is still a very intense procedure, but a slightly less so than the awake approach. The third way to do this operation is with the patient under general anesthesia with selective shunting using neuro-monitoring, EEG SSEP - so that shunt placement is done only on those patients whose brain becomes ischemic when the carotid artery is clamped. Only about 10% of patients actually need a shunt. This neuro-monitoring selective-shunting approach is faster than the shunt everyone approach, but slower than the awake patient approach. Therefore, the RUC agreed that the shorter intra-service time reflects a shift in the blend of the three methods to do carotid endarterectomy away from the general-anesthesia shunt method – which many surgeons still use and is the longest – to the neuro-monitored selective-shunt approach and the fully awake carotid endarterectomy patient, which are generally shorter, more intense methods.

The RUC then reviewed the survey's estimated work values and agreed that the respondents overestimated the physician work involved in this service, with a 25th percentile work RVU of 23.00. To determine an appropriate value for this procedure, the RUC compared the surveyed code to CPT code 35231 *Repair blood vessel with vein graft; neck* (work RVU= 21.16) and noted that both services are vascular procedures with identical intra-service time, 120 minutes, and similar total time. Therefore, RUC recommends directly crosswalking the work value (21.16) for this reference code 35231 to the surveyed code 35301. To justify a work RVU of 21.16, the RUC compared the surveyed code to 35621 *Bypass graft, with other than vein; axillary-femoral* (work RVU= 21.03) and agreed that since these vascular procedures have identical intra-service time and comparable total times, the two services should be valued similarly. Finally, the RUC reviewed CPT code 49203 *Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less* (work RVU= 20.13) and also agreed that this code should be valued similarly to 35301 because both services have identical intra-service time and comparable physician work. **The RUC recommends a work RVU of 21.16 for CPT code 35301.**

Practice Expense:

The RUC reviewed and approved the modifications to the direct practice expense as recommended by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
35301		Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	090	21.16

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

CPT Code: 35301	Tracking Number	Original Specialty Recommended RVU: 23.00
		Presented Recommended RVU: 23.00
Global Period: 090		RUC Recommended RVU: 21.16

CPT Descriptor: Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with hypertension and coronary artery disease, suffered a left hemispheric TIA 3 days ago. Imaging shows an 80% stenosis of his left internal carotid artery. Preoperative evaluation demonstrates that he is a suitable candidate for surgery. A left carotid endarterectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 18% , Overnight stay-more than 24 hours 82%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 73%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Pre-service work begins after the decision to operate is made, from the day before surgery until the time of the procedure. This includes review of the hospital admission workup with special attention to cardiac comorbidity which is ubiquitous among those with carotid atherosclerosis; review of CT scans, duplex ultrasound studies, arteriograms, and laboratory tests; communication with referring physician, cardiologist, anesthesiologist and other health care professionals as necessary; review of indications, risks and benefits of surgery with patient and family; signature of informed consent; and preview of expected hospital course, pain management, discharge plans etc. with patient and family. Other pre-operative services including dressing, scrubbing, and waiting for surgery; supervision of patient positioning and skin preparation, and ensuring that necessary surgical instruments and supplies are available. Surgical presence is also required as the anesthesiology team proceeds with induction of general endotracheal anesthesia and insertion of an arterial pressure line, as well as application of neuro-monitoring leads, typically EEG and SSEP.

Description of Intra-Service Work: The neck is incised along the anterior border of the sternocleidomastoid muscle, and the soft tissue is dissected away from the carotid sheath. The common carotid, internal carotid and external carotid arteries are exposed, mobilized, and encircled taking care not to injure the vagus or hypoglossal nerves. Systemic anticoagulation is administered, the arteries are occluded, and the common carotid artery is opened longitudinally. This incision is carried across the bifurcation, onto the internal carotid artery, and beyond the terminus of the obstructive plaque. Intraoperative EEG recording is frequently used in this portion of the operation to follow brain function as the blood flow is interrupted. A shunt may be inserted for cerebral perfusion if required. Using 2 to 3.5 power magnification glasses, the surgeon dissects the plaque from the common, external, and internal carotid arteries. The endarterectomy site is inspected carefully searching for residual remnants of plaque which are removed. Fine sutures are used to tack down any distal shelf at the endpoint of the endarterectomy in the internal carotid. When the surgeon is confident that no loose segments of plaque

remain within the vessel, the arteriotomy is closed. Oftentimes a diamond-shaped synthetic or venous patch is incorporated in this arterial suture line to increase the diameter of the artery. If a shunt has been used, it is removed just prior to completion of the arterial closure. Vascular clamps are released with reinitiation of blood flow, and hemostasis of the suture line is achieved. The incision is closed in 3 layers.

Description of Post-Service Work: Post-service work begins after skin closure in the operating room and includes application of sterile bandages, waiting for emergence from anesthesia, and confirmation that the patient has an intact neurologic status. Once this is assured, the patient is transferred to the intensive care unit of the recovery room where postoperative orders are written. Immediate postoperative treatment commonly includes the use of intravenous vasopressors or antihypertensives to normalize blood pressure since significant blood pressure irregularity is common finding for up to 24 hours after this operation. The surgeon reviews ECG, blood gas, and other blood test results, and monitors neurologic status. The family, referring physician, and consultant physicians are contacted. In hospital post - service time includes all subsequent ICU and hospital visits, continued regulation of blood pressure, monitoring and care of the incision; monitoring, care and removal of all tubes and drains; and pain medication management. Discharge day management includes the surgeon's final examination of the patient, Discussion of the likely post-hospital events, instructions for continuing care, and preparation of discharge records. Additionally, all post-discharge office visits for 90 days are part of the post-operative work. This includes removal of sutures, evaluation of periodic imaging studies and laboratory reports, and pain medication adjustments if necessary.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	Gary Seabrook, MD, Robert Zwolak, MD, Mathew Sideman, MD, Michael Sutherland, MD				
Specialty(s):	Vascular Surgery				
CPT Code:	35301				
Sample Size:	1976	Resp N:	117	Response: 5.9 %	
Description of Sample:	SVS - 1976, all US, MD members				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	15.00	25.00	40.00	95.00
Survey RVW:	18.00	23.00	25.00	27.09	32.35
Pre-Service Evaluation Time:			65.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			20.00		
Intra-Service Time:	60.00	100.00	120.00	150.00	300.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	70.00	99291x 1.00 99292x 0.00			
Other Hospital time/visit(s):	40.00	99231x 0.00 99232x 1.00 99233x 0.00			
Discharge Day Mgmt:	38.00	99238x 1.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	46.00	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	35301	Recommended Physician Work RVU: 21.16		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	40.00	0.00
Pre-Service Positioning Time:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00
Intra-Service Time:		120.00		
Immediate Post Service-Time:	30.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	95.00	99231x 0.00 99232x 1.00 99233x 1.00		
Discharge Day Mgmt:	38.00	99238x 1.0 99239x 0.0 99217x 0.00		
Office time/visit(s):	46.00	99211x 0.00 12x 0.00 13x 2.00 14x 0.00 15x 0.00		
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00		

Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00
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Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35601	090	27.09	RUC Time

CPT Descriptor Bypass graft, with other than vein; common carotid-ipsilateral internal carotid**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	50,309

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	69,419

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
35302	090	21.35	RUC Time

CPT Descriptor Thromboendarterectomy, including patch graft, if performed; superficial femoral artery**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 30 % of respondents: 25.6 %

TIME ESTIMATES (Median)

	CPT Code: 35301	Key Reference CPT Code: 35601	Source of Time RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	120.00	180.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	95.0	60.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	404.00	429.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)(of those that selected Key
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.83	3.90
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.90	3.97
Urgency of medical decision making	3.97	3.93

Technical Skill/Physical Effort (Mean)

Technical skill required	4.57	4.63
Physical effort required	3.73	3.73

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.80	4.80
Outcome depends on the skill and judgment of physician	4.70	4.70
Estimated risk of malpractice suit with poor outcome	4.73	4.70

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.90	3.90
Intra-Service intensity/complexity	4.43	4.53
Post-Service intensity/complexity	3.13	3.13

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Why is this code being reviewed?

CPT Code 35301 was identified for review through the CMS high expenditure procedure code screen.

Methodology

An invitation to participate in a standard RUC survey for 35301 was sent to all active members of the Society of Vascular Surgery (SVS) through an email list-service. There were 117 respondents out of 1900 survey requests for a response rate of 6%. There was a high degree of concordance among the survey respondents with a very tight distribution of recommendations. 92% of the respondents thought the vignette described the typical patient and the median performance rate for the procedure was 25 cases over the past 12 months.

Compelling Evidence

We believe that three factors provide compelling evidence to reconsider the work value of this service:

- 1) A major change in knowledge and technology surrounding carotid artery based stroke prevention
- 2) A major change in patient population including a 44% reduction in annual service frequency
- 3) A change in specialty of the dominant provider

1. Change in knowledge and technology

Since 35301 was updated at the first Five-Year Review, carotid endarterectomy has been studied and analyzed extensively. Endovascular treatment of carotid artery disease, first with angioplasty, and then with stenting has evolved during that same time period and is now CMS approved as a treatment modality that was not available at the time of the first five year review. A large collection of peer-reviewed literature has been published changing the clinical algorithms for decision-making regarding patient selection and the techniques for the treatment that will be provided to patients with atherosclerosis of the carotid artery bifurcation. We highlight two of these articles below.

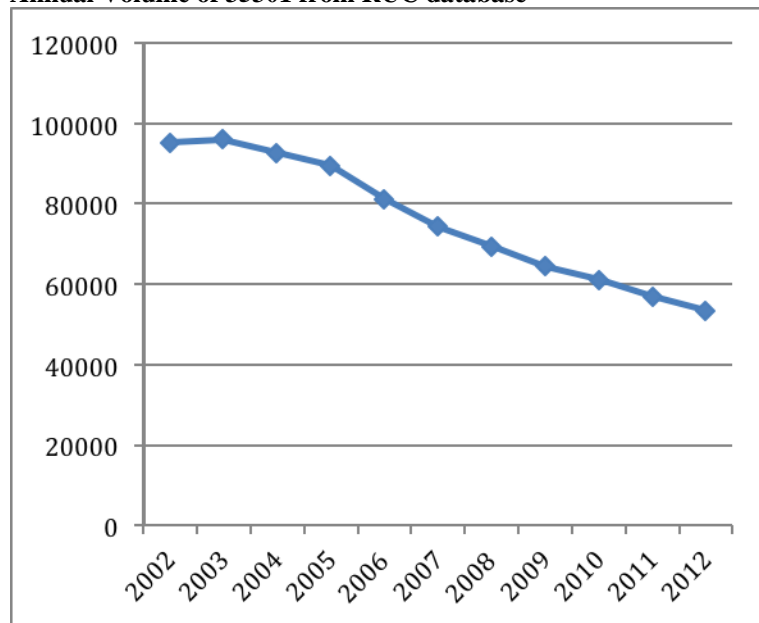
Asymptomatic carotid artery disease was evaluated by the Asymptomatic Carotid Atherosclerosis Study (ACAS), with the results published in the Journal of the American Medical Association in 1995. This study compared the outcomes of a cohort of patients with carotid artery stenosis but no referable neurological symptoms, randomized to receive either carotid endarterectomy or aggressive medical therapy. It concluded: "Patients with asymptomatic carotid artery stenosis of 60% or greater reduction in diameter and whose general health makes them good candidates for elective surgery will have a reduced five-year risk of ipsilateral stroke if carotid endarterectomy performed with less than 3% perioperative morbidity and mortality is added to aggressive management of modifiable risk factors." JAMA 1995; 273:1421-28. This publication had a major effect in the years following publication, e.g. the years AFTER 35301 was evaluated during the first 5-year review.

The merits of carotid endarterectomy were compared to carotid artery stenting in the Carotid Revascularization Endarterectomy vs. Stenting Trial (CREST) published in the New England Journal of Medicine in 2010. It concluded "Among patients with symptomatic or asymptomatic carotid stenosis, the risk of the composite primary outcome of stroke, myocardial infarction, or death did not differ significantly in the group undergoing carotid-artery stenting and the group undergoing carotid endarterectomy. During the periprocedural period, there was a higher risk of stroke with stenting but a higher risk of myocardial infarction with endarterectomy." N Engl J Med 2010; 363:11-23. Evolution of carotid stenting continues, but there is little doubt that it has had a significant effect on the population of patients undergoing carotid endarterectomy.

2. Change in Patient Population

Each of these scientific investigations has provided evidence for clinicians that has changed the physician work for 35301 due to new **knowledge** about carotid artery disease, **new technology** for the treatment of carotid artery atherosclerosis, and refinement of the **patient population** suitable for the procedure. The evidence providing clinical guidelines to define which patients are suitable candidates for carotid endarterectomy vs. medical therapy or carotid artery stenting has dramatically reduced the frequency that 35301 is performed. 35301 was performed 95,145 times in 2002, and this fell to 53,426 in 2012. In 2012, 8,472 carotid stent procedures were performed. The smaller overall cohort size and the introduction of carotid stenting resulted in a different clinical population that received carotid endarterectomy in 2012 compared to 1994 when the code was last reviewed. We believe this constitutes a "compelling argument" that 35301 may be inappropriately valued at this time.

One of the CMS screens for potentially overvalued services has been rapid increase in volume. This is certainly not the case with 35301. Surgeons have become more conservative about this operation, with increasing selectivity of appropriate patient choice. This has been accomplished primarily with a reduction in operation on asymptomatic patients and a relative increase in operation on symptomatic patients whose operative risk is much greater. Patients who have suffered a stroke or TIA understandably require more intensive post-operative care. This chart demonstrates Medicare volume over the past decade.

Annual Volume of 35301 from RUC database

In addition to the changing cohort of patients undergoing carotid endarterectomy as described above, this population is truly older. When comparing the patient characteristics from 2010 to those of 1994 when the code was last reviewed, there has been an 11% increase in the percentage of patients who are over 75 years old and a 69% increase in the percentage of patients who are over 85 years old. This represents an additional change in patient population and compelling evidence for a change in value.

Age	1994	2010
% age 75+	46%	51%
% age 85+	5.5%	9.3%

3. Change in dominant provider

In 1994 when 35301 was last reviewed, the dominant provider was general surgery and vascular surgery only accounted for 23% of claims. In 2010, vascular surgery has become the dominant provider with 47% of claims representing an increase of 108%.

Specialty	1994	2011
General Surgery	35%	22%
Vascular Surgery	23%	47%
Thoracic Surgery	22%	12%
Cardiac Surgery	7%	14%
Neurosurgery	6%	2%

Work RVU Recommendation

We are recommending the 25th percentile survey value of 23.00 RVU for 35301.

Pre-time

Our expert panel recommends that Pre-time package 4 (facility- difficult patient/difficult procedure) is appropriate, with 12 additional minutes for positioning:

Evaluation: Survey respondents indicated a median evaluation time of 65 minutes to review multiple pre-operative tests, consultations and images for responsible pre-operative planning. The society expert panel recommends accepting the package 4 evaluation time of 40 minutes.

Positioning: Package 4 positioning time is 3 minutes. An additional 12 minutes (total=15) of pre-service positioning time for 35301 is necessary to apply neuromonitoring equipment and to accomplish special positioning. Neuromonitoring (EEG and SSEP leads) must be placed for intra-operative EEG and SSEP monitoring to assess brain perfusion and functioning during the operation. The patient must be positioned with the neck extended and rotated away from the operative side with the back of the bed slightly elevated. This request is consistent with the 12 minutes of position for CPT code 60240. In that case 9 minutes (total=12) were added to account for “induction of anesthesia in supine position, assist with patient

positioning with shoulder roll, head extended and stabilized. Assist with adjusting the OR table and anesthesia lines so that the operative site is assessable. Re-assess position of the extremities and head, adjust as needed.” The society feels that these additional steps in monitoring and positioning more than justify the additional minutes to the standard package.

Scrub, dress & wait: The survey respondents confirmed 20 minutes for pre-service scrub, dress, and wait time.

Comparison to key reference code

Clinical Comparison with Two Key Reference Codes

Two key reference codes were chosen by the survey respondents with approximately equal frequency. The key reference service 35601 (*Bypass graft, with other than vein; common carotid-ipsilateral internal carotid*) was chosen by 26% and the key reference service 35302 (*Thromboendarterectomy, including patch graft, if performed; superficial femoral artery*) was chosen by 24% of the survey respondents. Key reference 35601 is similar to 35301 in the sense that they are both vascular operations on the carotid system, however, 35601 does not include an endarterectomy and patch, but instead 35601 provides a bypass graft around the diseased portion of the carotid artery. Key reference 35302 is similar to 35301 in that they are both endarterectomy procedures, however, 35302 is an endarterectomy on the superficial femoral artery which does not carry the inherent risk of stroke that is always present with carotid endarterectomy.

Work Comparison with Key References

The primary difference between 35601 (*Bypass graft, with other than vein; common carotid-ipsilateral internal carotid*) and 35301 lies in the intra-service time and the post-operative visit pattern. 35601 requires 60 minutes MORE intra-time than 35301 (180 min compared to 120). Postoperative hospital visits for 35301 include a 99291 and 99232 compared to 99232 and 99231 for 35601. Otherwise, the two services have the same pre-time, immediate post-service time, and office visit patterns. The increased intra-time for 35601 is accounted for by the need to sew a bypass graft to the proximal common carotid artery and then to sew the distal anastomosis to the internal carotid artery. The typical patient for 35601 is a patient with a failing carotid stent that has been angioplastied several times. These repeated interventions create inflammatory changes increasing the time to complete the dissection safely. This also likely accounts for the higher IWPOT for 35601.

To estimate the appropriate value for 35301 using 35601, one would subtract 60 minutes of intra-service time at an IWPOT of 0.109 ($27.09 - 60 \times 0.109 = 20.55$). The difference in post-operative visits would then need to be accounted for by adding the difference in the visit levels (One 99291 versus a 99231, or $4.50 - 0.76 = 3.74$). Adding the difference in office visits (3.74) to the work RVUs after removing the additional intra-service time (20.55) would predict a work RVU of 24.29. This comparison justifies our recommendation for the 25th percentile survey value of 23.00 for 35301.

	RVW	IWPOT	Total Time	Eval	Posit	SDW	INTRA	IM-post	hosp	office
35301	23.00	0.099	419	40	15	20	120	30	91,32,38	13,13
35601	27.09	0.109	429	40	15	20	180	30	32,31,38	13,13

The primary difference between 35302 (*Thromboendarterectomy, including patch graft, if performed; superficial femoral artery*) and 35301 also lies in the intra-service time and the post-operative visit pattern. 35302 requires 30 minutes MORE intra-time than 35301 (150 min compared to 120). Otherwise, the two services have the same pre-time, immediate post-service time, and similar office visit patterns. The increased intra-time for 35302 is accounted for by operating on the femoral vessels in the groin instead of the carotid vessels in the neck which are closer to the skin. The IWPOT for the two procedures are very similar.

To estimate the appropriate value for 35301 using 35302, one would subtract 30 minutes of intra-service time at an IWPOT of 0.096 ($21.35 - 30 \times 0.096 = 18.47$). The difference in post-operative visits would then need to be accounted for by adding the difference in the visit levels (One 99291 versus a 99231 and one 99213 versus a 99212, or $4.50 - 0.76$ and $0.97 - 0.48 = 4.23$). Adding the difference in office visits (4.23) to the work RVUs after removing the additional intra-service time (18.47) would predict a work RVU of 22.70. This comparison also justifies our recommendation for the 25th percentile survey value of 23.00 for code 35301.

	RVW	IWPOT	Total Time	Eval	Posit	SDW	INTRA	IM-post	hosp	office
35301	23.00	0.099	419	40	15	20	120	30	91,32,38	13,13
35302	21.35	0.096	392	40	15	20	150	30	32,31,38	13,12

Comparison to MPC codes

Comparison with MPC List Code 1, CPT 33249 – RVW 15.17

33249 (*Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber*) is a 90-day MPC service with 249 minutes total time, including 60 minutes pre-time and 120 minutes intra-service time. Both 33249 and 35301 require technical skill to complete the procedure successfully. 33249 and 35301 have identical intra-service times and nearly identical IWPUT. There is no post-service time or hospital visits for 33249. RVW for 33249 is 15.17 and the major adjustment to estimate an RVW for 35301 from this reference service requires accounting for the difference in pre-time and post-operative visits. Using a building block methodology, adjustment to the RVW of 33249 would be to add the additional pre-service time (15 minutes at 0.0224 RVU/min = 0.336), add the immediate post-service time (30 minutes at 0.0224 RVU/min = 0.672), adding the hospital visits (one 99291, one 99232, and one 99238, or $4.50 + 1.39 + 1.28 = 7.17$), and subtracting one 99213 office visit (0.97 RVU).

Thus, the estimated RVW of 35301 should be $15.17(\text{MPC RVW}) + 0.336$ (pre-service adjustment) $+ 0.672$ (immediate post-service adjustment) $+ 7.17$ (hospital visits) $- 0.97$ (office visit difference) = 22.38. In conclusion, comparison with this MPC code justifies an RVW of 22.38, which is only slightly lower than our recommendation for the 25th percentile survey value of 23.00 for 35301.

Comparison with MPC List Code 1, CPT 33533 – RVW 33.75

33533 (*Coronary artery bypass, using arterial graft(s); single arterial graft*) is a 90-day MPC service with 682 minutes total time, including 95 minutes pre-time, 158 minutes intra-service time, and 40 minutes of post-service time. Both 33533 and 35301 require extensive technical skill to complete the procedure successfully. There are significantly more hospital visits for 33533 compared to 35301. RVW for 33533 is 33.75 and the major adjustment to estimate an RVW for 35301 from this reference service requires accounting for the difference in pre-time, intra-service time, post-service time and post-operative visits. Adjustment to the RVW of 33533 would be to subtract the additional pre-service time (20 minutes at 0.0224 RVU/min = 0.448), subtract the difference in intra-service time (38 minutes at 0.096 RVU/min = 3.648), subtract the additional immediate post-service time (10 minutes at 0.0224 RVU/min = 0.224), subtract the additional hospital visits (three 99233, and one 99231, or $6.00 + 0.76 = 6.76$), and subtract the difference in office visits (99214 and 99212 versus two 99213, or $1.50 + 0.48 - 2 \times 0.97 = 0.04$).

Thus, the estimated RVW of 35301 should be $33.75(\text{MPC RVW}) - 0.448$ (pre-service adjustment) $- 3.648$ (intra-service time) $- 0.224$ (immediate post-service adjustment) $- 6.76$ (hospital visits) $- 0.04$ (office visit difference) = 21.63. In conclusion, comparison with this MPC code justifies an RVW of 21.63, which is slightly lower than our recommendation for the 25th percentile survey value of 23.00 for 35301.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post	hospital	office
35301	23.00	0.099	419	40	15	20	120	30	91,32,38	13,13
33249	15.17	0.091	249	60			120			13,13,13
33533	33.75	0.096	682	60	15	20	158	40	91,33,33,33,32,31,38	14,12

Additional Rationale

Comparison with endovascular treatment of carotid artery stenosis – Carotid stent

37215 (*Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection*) is a 90-day MPC service with 347 minutes total time, including 90 minutes pre-time and 30 minutes post-time. Both 37215 and 35301 are procedures to treat carotid artery disease for the prevention of strokes. They both require technical skill to successfully complete the operation and both carry concomitant risk of stroke and heart attack. 37215 has 17 minutes less intra-service time and higher IWPUT (0.122 versus 0.099) when compared to 35301. The difference in hospital visits is one 99291. RVW for 37215 is 19.68 and the major adjustment to estimate an RVW for 35301 from this reference service requires accounting for the difference in pre-time, intra-service time, and post-operative visits. Using a building block methodology, adjustment to the RVW of 37215 would be to subtract the additional pre-service evaluation time (20 minutes at 0.0224 RVU/min = 0.45), add the difference in scrub, dress, and wait time (5 minutes at 0.0081 RVU/min = 0.041), add the difference in intra-service time (17 minutes at 0.122 RVU/min = 2.07), and adding the additional hospital visit (one 99291 at 4.50 RVU).

Thus, the estimated RVW of 35301 should be 19.68 (MPC RVW) $- 0.41$ (pre-service adjustment) $+ 2.07$ (intra-service adjustment) $+ 4.50$ (post-service adjustment) = 25.84. In conclusion, comparison with this MPC code justifies an RVW of 23.34, which is higher than our recommendation for the 25th percentile survey value of 23.00 for CPT 35301.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post	hospital	office
35301	23.00	0.099	419	40	15	20	120	30	91,32,38	13,13
37215	19.68	0.122	347	60	15	15	103	30	32,38	13,13

Comment Regarding 1995 Summary of Recommendations for 35301

The 1995 Summary of Recommendation form for CPT code 35301 included 2 ICU visits with total face to face time of 30 minutes per the survey. Additional non-face to face time to chart and answer nursing and/or family questions would have easily increased the time to reflect 1x99291. However, when time was changed to visits for practice expense purposes in 1997, the visit profile was changed to 1x99232. We believe the survey respondents were correct in 1995, and we believe one critical care service is provided by the operating surgeon to the typical patient today.

Comparison of 35301 to All RUC-reviewed Arterial Endarterectomy Procedures

A total of fifteen 90-day global Category I arterial endarterectomy CPT codes are present in the 2013 manual. Of these, 14 have undergone RUC review, and these 14 form the basis for rank order comparison. Endarterectomy is an intense open vascular surgical technique performed to clear atherosclerotic plaque from the inside of a diseased artery, and a high level of skill is required to produce a successful outcome. Acute end-organ ischemia due to thrombosis and emergent return to OR serve as the penalties for poor work, and with carotid endarterectomy, post-operative stroke is the result of acute thrombosis. The following table demonstrates this entire family of codes arranged from lowest to highest RVW. Based on magnitude estimation, our 117 survey respondents felt the RVW should be much higher than the current value of 19.61. Their median survey value was 25.00, while the 25th percentile was 23.00. The RUC-reviewed endarterectomy operations have RVWs ranging from 15.31 to 32.35. Procedures with RVWs in the 24-25 range have significantly longer intra-service times than 35301 or more visits. However, at the 25th percentile survey value of 23.00, 35301 fits appropriately in this family by magnitude estimation, intra-service time, IWPUT, and visit pattern. 35301 should be higher than 35302 due to the inherent intensity of the 35301 carotid procedure. We recommend the 25th percentile RVW of 23.00 as the best relative fit in this large family of RUC-reviewed endarterectomies.

CPT Code	Artery Treated by Endarterectomy	RUC Review	RVW	Intra-time	Inpt Visits	Outpt Visits	IWPUT
35371	Common femoral	Yes	15.31	103	3	2	0.085
35321	Axillary, brachial	Yes	16.59	100	2	2	0.097
35372	Deep Femoral	Yes	18.58	120	3	2	0.099
35355	Ilio-femoral	Yes	19.86	120	6	2	0.078
35302	Superficial femoral	Yes	21.35	150	3	2	0.096
35301	Carotid, Vertebral, Subclavian	Current Survey	23.00	120	3	2	0.099
35303	Popliteal	Yes	23.60	150	3	2	0.111
35305	Tibial, peroneal	Yes	23.60	160	3	2	0.104
35304	Tibial-peroneal trunk	Yes	24.60	180	3	2	0.098
35351	Iliac	Yes	24.61	150	5	2	0.091
35331	Abdominal aorta	Yes	27.72	180	7	3	0.088
35311	Subclavian, Innominate	Yes	28.60	180	5	2	0.097
35361	Aorto-iliac	Yes	30.24	210	6	2	0.091
35363	Aorto-ilio-fem	Yes	32.35	240	7	3	0.079

Summary

Based on comparisons to the two key reference services, two MPC codes, carotid stent placement and the additional rationale as outlined above, we believe that our recommendation for the 25th percentile survey value of 23.00 is appropriate for 35301.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐

The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35301

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

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

Specialty Vascular Surgery How often? Commonly

Specialty General Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National frequency not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

53,426 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. 53,426 is the 2011 Medicare frequency figure

Specialty Vascular Surgery Frequency 25111 Percentage 47.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 35301

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs**

CPT Long Descriptor: *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*

Global Period: **090**

Meeting Date: **01/2013**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

No comparison code was used for these recommendations.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

The standard times for pre service activities have been applied.

Intra-Service Clinical Labor Activities:

The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:

The standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G
1				CURRENT INPUTS			
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code #35301		CPT Code #35301	
3	Meeting Date: 01/2013 Tab: 21 Thromboendarterectomy Specialty: Vascular Surgery	CMS Code	Staff Type	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision		Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
6	TOTAL CLINICAL LABOR TIME			0.0	135.0	0.0	144.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	60.0	0.0	60.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	12.0	0.0	12.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0.0	63.0	0.0	72.0
10	PRE-SERVICE						
11	Start: Following visit when decision for surgery or procedure made						
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7
17	Other Clinical Activity - <i>specify:</i>						
18	End: When patient enters office/facility for surgery/procedure						
19	SERVICE PERIOD						
20	Start: When patient enters office/facility for surgery/procedure:						
21	Greet patient, provide gowning, ensure appropriate medical records are available						
22	Obtain vital signs						
23	Provide pre-service education/obtain consent						
24	Prepare room, equipment, supplies						
25	Setup scope (non facility setting only)						
26	Prepare and position patient/ monitor patient/ set up IV						
27	Sedate/apply anesthesia						
28	Intra-service						
29	Assist physician in performing procedure						
30	Post-Service						
31	Monitor pt. following service/check tubes, monitors, drains						
32	Clean room/equipment by physician staff						
33	Clean Scope						
34	Clean Surgical Instrument Package						
35	Complete diagnostic forms, lab & X-ray requisitions						
36	Review/read X-ray, lab, and pathology reports						
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions						
38	Other Clinical Activity - <i>specify:</i>						
39	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a	
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12
41	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a	
42	End: Patient leaves office						
43	POST-SERVICE Period						
44	Start: Patient leaves office/facility						
45	Conduct phone calls/call in prescriptions						
46	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits
47	99211 16 minutes		16				
48	99212 27 minutes		27		1		
49	99213 36 minutes		36		1		2
50	99214 53 minutes		53				
51	99215 63 minutes		63				
52	Total Office Visit Time			0.0	63.0	0.0	72.0
53	Other Clinical Activity - <i>specify:</i>						
54	End: with last office visit before end of global period						
55	MEDICAL SUPPLIES			CODE	UNIT		
56	pack, minimum multi-specialty visit	SA048	pack		2		2
57	pack, post op incision care kit (staple)	SA052	pack		1		1
58	EQUIPMENT			CODE			

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G
1				CURRENT INPUTS			
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			CPT Code #35301	CPT Code #35301		
3	Meeting Date: 01/2013 Tab: 21 Thromboendarterectomy Specialty: Vascular Surgery	CMS Code	Staff Type	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision		
4	LOCATION			Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			090	090	090	090
59	Table, Exam	EF023			63		72

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard-Valued Allowed Charges > \$10 mil/Codes Reported Together

January 2013

Selective Catheter Placement

CPT code 36245 was identified as a Harvard valued code with allowed charge greater than \$10 million and Codes reported together greater than 75% of the time. At the January 2012 RUC Meeting, the Relativity Assessment Workgroup (RAW) recommended a survey of physician work and practice expense for the January 2013 RUC Meeting.

36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family

The specialty societies indicated and the RUC agreed that there was compelling evidence that this service is now performed primarily by a different specialty and the work has changed. This service is currently a Harvard-valued code and was initially performed by radiology but is now performed primarily by cardiology and vascular surgery. Additionally, the new endovascular revascularization code set bundling for CPT 2011 includes the selective catheter placement that was previously reported with this service. Therefore, the population that will now receive this service has changed. The remaining reporting of this code will include catheterization of the mesenteric vessels and lumbar vessels, which are inherently more complex than the catheter selections associated with lower extremity revascularization diagnostic and intervention procedures such that 36245 represents increased work. The RUC agreed that the caliber of the vessels and selective branches are much more susceptible to the complication of thrombo-embolic injury. Lastly, moderate sedation is now inherent in this procedure.

The RUC reviewed the survey results from 193 physicians who perform CPT code 36245 and determined that the survey 25th percentile work RVU of 4.90 appropriately accounts for the work required to perform this service. The RUC noted that 36245 may be reported with a number of different S&I codes including 75726 *Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation* (work RVU = 1.14) for diagnostic studies. Because these code combinations were valued as individual component codes, no potential for duplication of physician work exists. The specialty indicated and the RUC agreed that the immediate-post service time is the same as the key reference service and therefore reduced the immediate post-time to 20 minutes. The RUC compared the surveyed code to the key reference code 36246 *Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family* (work RVU = 5.27) and determined the physician time was the same. The RUC agreed that 36246 requires slightly more physician work because the work of 36245 is inherent in 36246 as the second order catheter placement is the result of advancing a first order catheter selection an additional selective step further in the vascular bed. Additionally, the initial second order artery branches are more complex than the first order artery branch because the second order branches are smaller, more susceptible to injury and their selection is, as such, more intense and

complex to perform. For further support, the RUC compared 36245 to similar service 52276 *Cystourethroscopy with direct vision internal urethrotomy* (work RVU = 4.99 and 35 minutes intra-service time) and determined the survey 25th percentile supported the relativity among other similar services. **The RUC recommends a work RVU of 4.90 for CPT code 36245.**

Practice Expense:

The Practice Expense Subcommittee made slight modifications to the direct practice expense inputs: line 31 prepare room reduced from 3 to standard 2 minutes; line 38 and 39 zeroed out because right above it are the assistants performing the procedure, including the angiography technician; Equipment – angiography room, contrast media warmer and exam light all reduced to 54 minutes; addition of stretcher for monitoring the patient for conscious sedation for 4 hours following the procedure (EF018) for 240 minutes. In addition the RUC discussed that the standard monitoring time for arterial procedures is a minimum of 4 hours. Although other services only require 2 hours of monitoring, this service is rarely performed in the physician’s office and in the small number of cases when it is, the patients are very complex. For this small subset, it is critical for patient safety that a minimum of 4 hours monitoring is administered. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
⊕36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	000	4.90

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 36245	Tracking Number	Original Specialty Recommended RVU: 5.15
		Presented Recommended RVU: 4.90
Global Period: 000		RUC Recommended RVU: 4.90

CPT Descriptor: Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman with a history of smoking, hyperlipidemia, and CAD presents with a 6-month history of increasingly severe post-prandial abdominal pain and progressive weight loss. She has an abdominal bruit on physical exam. The right common femoral artery is cannulated and a wire and catheter are advanced into the visceral abdominal aorta. The superior mesenteric artery is selectively catheterized.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? Yes

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 84%

Is moderate sedation inherent to this procedure in the office setting? Yes

Percent of survey respondents who stated moderate sedation is typical in the office setting? 65%

Description of Pre-Service Work: Based on patient symptoms, signs, physical findings and pre-procedural studies, estimate the range of catheters, sheaths, and guidewires required for procedure. Assess need for stand-by devices that might be needed emergently, such as balloons and covered stents should there be an unanticipated event. Review recent pertinent blood tests, including creatinine GFR, CBC, and coagulation studies to assure patient suitability for planned procedure. Discuss procedure detail plan, including alternatives and risks with patient and family. Obtain informed consent for procedure and moderate sedation. Ensure all technical personnel have been familiarized with the procedure and techniques and that they are fully familiar with all required devices. Check the interventional suite to ensure proper function and configuration of the imaging equipment, including compliance with all radiation safety regulations. Ensure that appropriate intravenous access has been gained and that the patient is appropriately positioned on the table. Don radiation protection gear and ensure that all who will be in the interventional suite do likewise. Position patient. Mark access site(s). Supervise sterile prep of interventional access site(s) and subsequent draping. Perform procedural "time out." Administer or supervise administration of conscious sedation. Access vessel is palpated and local anesthesia is administered.

Description of Intra-Service Work: Using Seldinger technique, the vessel is punctured, a guidewire is passed, and a catheter and guidewire are manipulated into the diseased aorta. After the nonselective imaging portion of the procedure is performed (separate), the catheter is exchanged over guidewire for appropriate selective catheter which is manipulated under fluoroscopic guidance into the origin of the chosen branch vessel. Sterile saline flush and test injection of contrast are performed to ensure intraluminal and safe position of catheter. Flush and test injection are repeated throughout the procedure to ensure safe position and patency of catheter system. The catheter may be repositioned, or exchanged over

appropriate guidewire to be seated safely in the vessel. Following the imaging portion of the procedure (performed and reported separately), manual compression or closure device is utilized for closure of the arteriotomy to achieve hemostasis.

Description of Post-Service Work: Apply sterile dressings. Assist team in moving patient to stretcher. Discuss postprocedure care with recovery area staff. Write postprocedure orders for care and pain medication. Write brief procedure note. Repeat patient exam and assessment of vital signs and perfusion of limb multiple times in recovery area. Monitor groin puncture site for hematoma. Discuss findings and treatment with family and patient (when awake). Write orders for follow-up labs, X rays. Complete medical records. Communicate with referring physician. Provide discharge instructions. Depending on the preexisting comorbidities and operative course, the patient may require full hospital admission, overnight hospital stay, or same day discharge. The patient is transferred to the appropriate care setting when recovery area discharge criteria are met, with appropriate orders for follow-up labs, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	Gary Seabrook, MD, Michael Sutherland, MD, Mathew Sideman, MD, Sean Tutton, MD, Michael Hall, MD, Robert Vogelzang, MD, Jerry Jerry Niedzwiecki, MD, Zeke Silva, MD, Richard Wright, MD and Clifford Kavinsky, MD.				
Specialty(s):	Vascular Surgery, Interventional Radiology, Diagnostic Radiology and Cardiology				
CPT Code:	36245				
Sample Size:	3422	Resp N:	193	Response: 5.6 %	
Description of Sample:	SIR - 250 Randomly Selected ACR - 700 Randomly selected SVS - 1976, all US, MD members ACC/SCAI - 496 randomly selected ACC interventional cardiologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	25.00	50.00	500.00
Survey RVW:	2.80	4.90	5.15	6.00	14.00
Pre-Service Evaluation Time:			50.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	10.00	30.00	45.00	60.00	180.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

2b -FAC Diff Pat/Straightfor Proc(w sedation/anes)

CPT Code:	36245	Recommended Physician Work RVU: 4.90		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		33.00	33.00	0.00
Pre-Service Positioning Time:		3.00	1.00	2.00
Pre-Service Scrub, Dress, Wait Time:		5.00	5.00	0.00
Intra-Service Time:		45.00		
Immediate Post Service-Time:	20.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00		
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00		

Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36246	000	5.27	RUC Time

CPT Descriptor Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	000		RUC Time	

CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	000		RUC Time	

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52276	000	4.99	RUC Time

CPT Descriptor Cystourethroscopy with direct vision internal urethrotomy**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 120 % of respondents: 62.0 %

TIME ESTIMATES (Median)

	CPT Code: 36245	Key Reference CPT Code: 36246	Source of Time RUC Time
Median Pre-Service Time	41.00	41.00	
Median Intra-Service Time	45.00	45.00	
Median Immediate Post-service Time	20.00	20.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	

Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	106.00	106.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.71	3.63
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.79	3.70
--	------	------

Urgency of medical decision making	3.65	3.58
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Technical Skill/Physical Effort (Mean)

Technical skill required	3.87	4.00
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Physical effort required	3.35	3.41
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.89	3.83
---	------	------

Outcome depends on the skill and judgment of physician	4.12	4.03
--	------	------

Estimated risk of malpractice suit with poor outcome	3.82	3.76
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.28	3.28
----------------------------------	------	------

Intra-Service intensity/complexity	3.72	3.88
------------------------------------	------	------

Post-Service intensity/complexity	3.07	3.08
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Why is this code being reviewed?

Code 36245 was identified as a Harvard valued code with utilization over 100,000 and Codes reported together greater than 75% of the time. A request was made for CMS to change the global period from XXX to 000. CMS agreed and the code was surveyed as a 000-global period.

Compelling Evidence

1. Harvard valued by radiology – tied to radiology codes with a global of XXX (non-invasive procedure codes). The global period change and the addition of moderate sedation as inherent recognize additional physician work for this invasive procedure.
2. Significant change in specialty providing service from radiology to vascular surgery and cardiology
3. Significant change in patient population and physician work. The procedures that remain in 36245 after creation of the lower extremity revascularization (LER) codes (catheterization of the mesenteric vessels and renal vessels), are inherently more complex. The caliber of the vessels is smaller than the iliac and SFA and the end organs are much more susceptible to the complication of thrombo-embolic injury.

Change in Work

The expert panel reviewed the survey and work understanding that a majority of the selective catheterizations of the iliac, SFA, and tibials are now extracted from 36245. The remaining procedures performed and reported with 36245, as exemplified by the vignette, would be catheterization of the mesenteric vessels and lumbar vessels which is inherently more complex. The caliber of the vessels is smaller than the iliac and SFA and the end-organs are much more susceptible to the complication of thrombo-embolic injury.

Work RVU Recommendation

The survey respondents, with 193 completed surveys, indicated a high level of agreement (91%) that the vignette reflected the typical patient.

Pre-time

Pre-time package 2b [Difficult Patient/Straightforward Procedure (With sedation/anesthesia care)] is appropriate, with the following modifications to the positioning package time. The societies request an additional 2 minutes of positioning time to account for placement of fluoro compatible arm boards and safety restraints to prevent patient from falling off narrow angiography table, and due to the need for orientation and test imaging of the angiographic field of interest. Radio-opaque material in the field must be repositioned prior to sterile draping.

Comparison to Key Reference Code - 36246**Work Comparison with Key Reference**

Key reference code 36246 (Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family) is the next most selective code in the family of the surveyed code. It is more complex than the surveyed code and has a higher risk of thrombo-embolic complications accounting for its higher wRVU and IWP/UT. Pre and Post service times are the same between the two codes as they represent similar work. The survey respondents attributed the same amount of time to the intra service work time for 36245 as 36246. This is likely due to the two codes being surveyed separately and the survey respondents not knowing the intra time for 36246 to apply relativity between the codes. The vast majority of respondents quantified intra time in a multiple of 15 minute intervals resulting in an extremely tight, nearly symmetric data distribution. The work of 36245 is inherent in 36246 as the second order catheter placement is the result of carrying a first order catheter placement one more selective step further in the vascular bed. There is additional work to accomplish the higher order selective catheterization and this is reflected in the respondents' recommendation for a lower RVW for 36245 than the key reference code.

	RVW	IWP/UT	Total Time	Eval	Posit	SDW	INTRA	Post
36245	5.15	0.081	116	33	3	5	45	30
36246	5.27	0.088	106	33	3	5	45	20

Comparison to Other Codes

Comparison with Codes 52276 and 57155

Code 52276 (Cystourethroscopy with direct vision internal ureterotomy) and 57155 (Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy) are RUC valued 000-day global services. In comparison, we believe that the typical vascular patient undergoing first order angiography is at least as complex. The procedure requires multiple catheter exchanges and manipulations, carries the risk of radiation exposure to the operator throughout the procedure, and carries significant risk of life-threatening complications to the patient. Differences in pre-time can be attributed to surveys conducted before pre-time packages were standardized for 52276. Pre service times for 57155 has a 2b pre service package with an additional 4 minutes of positioning time which is very comparable to our recommendation for 36245. The RVW and intra service times for 36246 are in rank order with these comparison services and support our recommended value.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52276	4.99	0.1042	95	30			35	30
36245	5.15	0.088	106	33	3	5	45	30
57155	5.40	0.093	133	33	5	5	60	30

Summary

Based on all the above data and comparisons, we believe the recommended survey median work RVU of 5.15 for 36245 is justified.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Appropriate radiological S&I code would be reported separately

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 36245

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

Specialty Vascular Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

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

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. A national estimate is not available.

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

110,584 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on the information in the current RUC database

Specialty Vascular Surgery	Frequency 12165	Percentage 11.00 %
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Specialty Cardiology	Frequency 58610	Percentage 53.00 %
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Specialty Interventional Radiology	Frequency 29858	Percentage 27.00 %
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 36245

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	ISSUE: Selective Catheter Placement																			
13	TAB: 22																			
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	36246	Selective cath	120	0.088			5.27			106	33	3	5			45			20
17	CURRENT	36245	Selective catheter pla		0.064			4.67			73						73			
18	SVY	36245	Selective cath	193	0.064	2.80	4.90	5.15	6.00	14.00	155	50	15	15	10	30	45	60	180	30
19	REC	36245			0.075	4.90					116	33	3	5			45			30
20																				
21																				
22																				
23																				
24																				
25																				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	ISSUE: Selective Catheter Placement																			
13	TAB: 22																			
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	36246	Selective cath	120	0.088			5.27			106	33	3	5			45			20
17	CURRENT	36245	Selective catheter pla		0.064			4.67			73						73			
18	SVY	36245	Selective cath	193	0.064	2.80	4.90	5.15	6.00	14.00	155	50	15	15	10	30	45	60	180	30
19	REC	36245			0.075	4.90					116	33	3	5			45			30
20																				
21																				
22																				
23																				
24																				
25																				

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs**

CPT Long Descriptor:

36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family

Global Period: 000

Meeting Date: January 2013

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SIR, SVS, ACR, ACC & SCAI) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure.

You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.
Reference Code Rationale:

The surveyed code is an existing code with current direct practice expense inputs. As such, we included columns with the existing inputs for reference. We also selected a reference service code. It is CPT Code 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography*. This is a recently valued CPT code with a similar process of care and similar inputs. Also included on the spreadsheet is the supervision and interpretation code that could be billed with the surveyed code. These codes were all included to ensure no overlap with the inputs.

If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Schedule space and equipment in facility

Intra-Service Clinical Labor Activities:

N/A

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family

Global Period: 000

Meeting Date: January 2013

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SIR, SVS, ACR, ACC & SCAI) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for this procedure.

You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The surveyed code is an existing code with current direct practice expense inputs. As such, we included columns with the existing inputs for reference. We also selected a reference service code. It is CPT Code 36251 *Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography*. This is a recently valued CPT code with a similar process of care and similar inputs. Also included on the spreadsheet is the supervision and interpretation code that could be billed with the surveyed code. These codes were all included to ensure no overlap with the inputs.

If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Complete pre-service diagnostic and referral forms
- Coordinate pre-surgery services
- Phone calls & prescriptions

Intra-Service Clinical Labor Activities:

The patient is greeted, gowning is provided and patient is escorted to procedure room. The nurse obtains vital signs, interviews the patient for allergies, medications and coagulopathy. Procedure

is explained and informed consent is witnessed. The rad tech prepares the room, equipment and supplies after consulting with the M.D regarding the supplies to be used. The angio tech prepares the back table. IV access is established. The patient is positioned, skin is prepped and the patient is draped. RN administers conscious sedation. The angio tech assists the M.D. performing procedure. The patient is escorted to the observation area. RN performs sequential vital signs over 4-hour observation. The angio tech cleans the room. The patient is given discharge instructions.

Post-Service Clinical Labor Activities:

- Conduct phone calls /call in prescriptions

	A	B	C	D	E	F	G	H	I	J	K	L	M
1			AMA Specialty Society Recommendation					REFERENCE CODE					
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36245				36251		36245		75726	
3	Meeting Date: 01/2013 Tab: 22 Selective Catheter Placement Specialty: Interventional Radiology, Vascular Surgery and Cardiology	CMS Code	Staff Type	<i>Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family</i> EXISTING INPUTS		CMS Code	Staff Type	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, Reference Code		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family RECOMMENDATIONS		Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation Existing Inputs for S&I	
4	LOCATION			Non Fac	Facility			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX			000	000	000	000	XXX	XXX
6	TOTAL CLINICAL LABOR TIME			244	3			248	9	184	9	66	0
7	TOTAL PRE-SERV CLINICAL LABOR TIME			6	0			15	6	9	6	6	0
8	<i>RN/LPN/MTA</i>			6				9	6	9	6		
9	<i>Angio Tech</i>							6		0		6	
10	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			235	0			230	0	172	0	60	0
11	<i>RN/LPN/MTA</i>			92				27		16			
12	<i>Angio Tech</i>							53		48			
13	<i>Rad Tech</i>			8				46		4		60	
14	<i>RN</i>			135				107		107			
15	TOTAL POST-SERV CLINICAL LABOR TIME			3	3			3	3	3	3	0	0
16	<i>RN/LPN/MTA</i>			3	3			3	3	3	3		
17	PRE-SERVICE												
18	Start: Following visit when decision for surgery or procedure made												
19	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA	3		L037D	RN/LPN/MTA	3	3	3	3		
20	Coordinate pre-surgery services	L037D	RN/LPN/MTA	3		L037D	RN/LPN/MTA	3		3			
21	Schedule space and equipment in facility					L037D	RN/LPN/MTA		3		3		
22	Provide pre-service education/obtain consent												
23	Follow-up phone calls & prescriptions					L037D	RN/LPN/MTA	3		3			
24	Other Clinical Activity - <i>specify: Retrieve prior imaging exams, hang for MD review, verify orders, review chart to incorporate relevant clinical information, confirm contrast protocol with interpreting MD</i>					L041A	AngioTech	6				6	
25	End: When patient enters office/facility for surgery/procedure												
26	SERVICE PERIOD												
27	Start: When patient enters office/facility for surgery/procedure:												
28	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		L037D	RN/LPN/MTA	3		3			
29	Obtain vital signs	L037D	RN/LPN/MTA	5		L037D	RN/LPN/MTA	5		5			
30	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	2		L037D	RN/LPN/MTA	2		2			
31	Prepare room, equipment, supplies	L041A	RadTech	3		L041A	RadTech	7		2		4	
32	Setup scope (non facility setting only)												
33	Prepare and position patient/ monitor patient/ set up IV	L041B	RadTech	2		L041B	RadTech	5		2		3	
34	Sedate/apply anesthesia	L051A	RN	2		L051A	RN	2		2			
35	Intra-service												
36	Assist physician in performing procedure	L051A	RN	73		L041A	AngioTech	45		45		45	
37	Assist physician in performing procedure	L037D	RN/LPN/MTA	73		L051A	RN	45		45			
38	Assisting with flouroscopy/image acquisition (75%)					L041B	RadTech	34					
39	Circulating throughout procedure (25%)					L037D	RN/LPN/MTA	11					
40	Image Post Processing					L041A	AngioTech	5				5	
41	Post-Service												
42	Monitor pt. following service/check tubes, monitors, drains	L051A	RN	60		L051A	RN	60		60			
43	Clean room/equipment by physician staff	L041A	RadTech	3		L041A	AngioTech	3		3		3	
44	Clean Scope												
45	Clean Surgical Instrument Package												
46	Complete diagnostic forms, lab & X-ray requisitions												
47	Review/read X-ray, lab, and pathology reports												
48	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	3		L037D	RN/LPN/MTA	3		3			
49	Other Clinical Activity - <i>specify: pre-procedure doppler check in addition to initial vitals</i>	L037D	RN/LPN/MTA	3									
53	End: Patient leaves office												
54	POST-SERVICE Period												
55	Start: Patient leaves office/facility												
56	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA	3	3	L037D	RN/LPN/MTA	3	3	3	3		
63	Total Office Visit Time							0.0	0.0	0.0	0.0		
64	Other Clinical Activity - <i>specify:</i>												
65	End: with last office visit before end of global period												

	A	B	C	D	E	F	G	H	I	J	K	L	M
1			AMA Specialty Society Recommendation					REFERENCE CODE					
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			36245				36251		36245		75726	
3	Meeting Date: 01/2013 Tab: 22 Selective Catheter Placement Specialty: Interventional Radiology, Vascular Surgery and Cardiology	CMS Code	Staff Type	<i>Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family</i> EXISTING INPUTS		CMS Code	Staff Type	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, Reference Code		Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family RECOMMENDATIONS		Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation Existing Inputs for S&I	
4	LOCATION			Non Fac	Facility			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX			000	000	000	000	XXX	XXX
66	MEDICAL SUPPLIES	CODE	UNIT			CODE	UNIT						
67	suture device for vessel closure (Perclose A-T)	SD207	item			SD207	item	1		1			
68	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	SH096	item			SH096	item	1		1			
69	kit, AccuStick II Introducer System with RO Marker	SA071	kit	1		SA071	kit	1		1			
70	guidewire, hydrophilic (Glidewire)	SD089	item			SD089	item	1		1			
71	kit, guidewire introducer (Micro-Stick)	SA016	kit			SA016	kit	1		1			
72	vascular sheath	SD136	item			SD136	item	1		1			
73	catheter, angiographic, pig-tail	SC008	item	1		SC008	item	1		1			
74	pack, conscious sedation	SA044	pack	1		SA044	pack	1		1			
75	catheter (SIM2F1)	SD148	item			SD148	item	1		1			
76	drape, sterile, femoral	SB009	item	1		SB009	item	1		1			
77	guidewire, (Bentson)	SD172	item	1		SD172	item	1		1			
78	brush, protected airway specimen	SD141	item	1									
79	closed flush system, angiography	SC010	item	1		SC010	item	1		1			
80	gown, surgical, sterile	SB028	item	1		SB028	item	2		2			
81	guidewire bowl w-lid, sterile	SD171	item			SD171	item	2		2			
82	mask, surgical, with face shield	SB034	item	2		SB034	item	4		4			
83	drape, sterile, c-arm, fluoro	SB008	item			SB008	item	1				1	
84	tubing, pressure injection line (angiography)	SD211	item			SD211	item	1		1			
85	film, x-ray 14inx17in	SK034	item			SK034	item	2				6	
86	syringe, 20 cc	SC053	item			SC053	item	4		4			
87	tray, shave prep	SA067	tray	1		SA067	tray	1		1			
88	gloves, sterile	SB024	pair	1		SB024	pair	2		2			
89	sodium chloride 0.9% flush syringe	SH065	item	2		SH065	item	2		2			
90	gauze, sterile 4in x 4in	SG056	item	2		SG056	item	2		2			
91	shoe covers, surgical	SB039	pair	2		SB039	pair	4		4			
92	pack, minimum multi-specialty visit	SA048	pack	1		SA048	pack	1		1			
93	drape-towel, sterile 18inx26in	SB019	item	4		SB019	item	4		4			
94	steri-strip (6 strip uou)	SG074	item	1		SG074	item	1		1			
95	heparin 1,000 units-ml inj	SH039	ml	5		SH039	ml	5		5			
96	syring w-needle, OSHA compliant (SafetyGlide)	SC058	item	2									
97	cap, surgical	SB001	item	2		SB001	item	4		4			
98	syringe 10-12 ml	SC051	item			SC051	item	4		4			
99	x-ray developer solution	SK089	oz			SK089	oz	6					
100	applicator, sponge-tipped	SG009	item	4		SG009	item	4		4			
101	blade, surgical (Bard-Parker)	SF007	item	1		SF007	item	1		1			
102	x-ray fixer solution	SK092	oz			SK092	oz	6					
103	Betadine	SJ041	ml	60		SJ041	ml	60		60			
104	lidocaine 1%-2% inj (Xylocaine)	SH047	ml	10		SH047	ml	10		10			
105	dressing 3 X 4 wound care telfa	SG035	item			SG035	item	2		2			
106	underpad 2ftx3ft (Chux)	SB044	item	1		SB044	item	1		1			
107	disinfectant, surface (Envirocide, Sanizide)	SM013	oz			SM013	oz	1		1		1	
108	x-ray envelope	SK091	item			SK091	item	1				1	
109	x-ray ID card (flashcard)	SK093	item			SK093	item	1				1	
110	tape, surgical paper 1in (Micropore)	SG079	item	6									
111	computer media, dvd	SK013	item									1	
112	EQUIPMENT	CODE			CODE								
113	room, angiography	EL011		83		EL011		62		54		9	
114	ECG, 3-channel (with SpO2, NIBP, temp, resp)	EQ011		315		EQ011		287		167			
115	IV infusion pump	EQ032		315		EQ032		287		167			
116	light, exam	EQ168		83		EQ168				54			
117	table, instrument, mobile	EF027		315		EF027		287		167			
118	STRETCHER	EF018								0			
119	film processor, dry, laser	ED024										7	
120	film alternator	ER029						62				7	
121	printer, dye sublimation	ED031						5		5			
122	contrast media warmer	EQ088						62		54			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes Screen

January 2013

Percutaneous Thrombectomy

CPT code 36870 was first identified in September 2007 through the Site-of-Service screen. Subsequently, this code was also identified by CMS in the Medicare Proposed Rule for 2012 under the High Expenditure Procedural Screen. Prior to surveying this code for the January 2013 RUC meeting, the specialty societies requested that CMS change the global period from a 090 to 000 to reflect current endovascular procedure. CMS accepted this request and the service was surveyed as a 000-day global.

36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)

Prior to valuing this service, the specialty societies presented compelling evidence to justify a change in the physician work value of CPT code 36870. First, the patient population has changed since the previous RUC valuation in April 2000. The success of the “Fistula First program,” a public-private partnership dedicated to improving care for kidney disease patients by increasing AV fistula placement and use in suitable hemodialysis patients, has led to increased numbers of patients dialyzing with an arteriovenous fistula or graft (86.7% in 2003 and 92.7% in 2012). To obtain this greater prevalence of useful fistulae and grafts, more complex surgical techniques such as transpositions and accesses in unusual anatomic locations have been utilized. Additionally, the implementation of effective surveillance programs in dialysis facilities combined with pre-emptive angioplasty have reduced overall thrombosis rates. The combined effect of these changes over time has been that the procedure has become significantly more challenging. The grafts and fistulae that thrombose tend to be complex and to have undergone numerous prior procedures. This leads to the thrombectomy procedure being more complex and intensive of physician time, skill and resources.

Second, resultant from the above described changes, the specialty mix that provide this service has changed significantly in the last thirteen years. Since only diagnostic and interventional radiologists took part in the April 2000 survey of this procedure, the current work RVU is not based upon the recommendations of the current majority of physicians now practicing this service.

SPECIALTY	2002	2007	2011
DIAGNOSTIC RADIOLOGY	70%	54%	38%
NEPHROLOGY	4%	16%	26%
VASCULAR SURGERY	2%	6%	13%
INTERVENTIONAL RADIOLOGY	14%	13%	10%
GENERAL SURGERY	2%	6%	6%

Given these arguments, the RUC accepted compelling evidence that the current work RVU of 5.20 for CPT code 36870 is potentially misvalued.

The RUC reviewed the 2010 Medicare Claims 5% Billed Together sample file and noted there are three services commonly billed on the same date of service with 36870: 36147 *Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)* (95% reported together), 35476 *Transluminal balloon angioplasty, percutaneous; venous* (79% billed together) and 36148 *Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention* (62% billed together). The specialties noted that in order to perform AV shunt thrombectomy the access code, 36147, has to be billed on the same date. **With this understanding, the RUC referred CPT code 36870 to the CPT Editorial Panel to bundle the appropriate services into 36870.**

Global Period:

The RUC noted that when the CPT Editorial Panel creates a new code(s) to bundle these services it will be surveyed as a 000-day global procedure, per the request of the specialty society and approval by CMS.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
36870		Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	090	Referral to CPT Editorial Panel

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes Screen

January 2013

Laminectomy

In the July 19, 2011 Proposed Rule, CPT code 63047 was identified by CMS through the High Expenditure Procedure Code screen. At the January 2012 RUC Meeting, the Relativity Assessment Workgroup (RAW) recommended a survey of physician work and practice expense for the January 2013 RUC Meeting.

The specialty societies indicated that they considered that the work of these procedures has increased due to the changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work and length of stay for these patients. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other intervention, making the patients who do receive surgery more difficult. The specialty societies decided to recommend the current value rather than the survey 25th percentile, although monitoring the trend in patient characteristics is warranted as the work involved in this procedure has already changed since 2005 and is likely to continue to evolve as the patients become more complex and the physician work greater. The RUC was sympathetic to the potential of compelling evidence and notes this for any future review.

63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

The RUC reviewed the survey results from 96 physicians who perform this service and determined that the current work RVU of 15.37 and 75 minutes of pre-time, 90 minutes of intra-service time and 30 minutes of immediate post-service time appropriately accounts for the physician work and time required to perform this service. The current value is below the survey 25th percentile work RVU of 16.00. It was also noted by several reviewers that there was considerable evidence the recommended work RVU may have been too low and that an increase may have been warranted. The specialty societies agreed with the commenters but noted the current literature did not quite support a request for compelling evidence; however the societies expect there may be compelling evidence in the near future of a change in work and therefore may nominate the codes for re-review at that time. The RUC compared the surveyed code to key reference service 63042 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar* (work RVU = 18.76 and 120 minutes intra-service time) and determined that 63042 requires 30 minutes more intra-service time, and therefore, the survey code is appropriately valued lower. For further support, the RUC compared the surveyed service to similar service 63620 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion* (work RVU = 15.60 and 90 minutes intra-service time) and MPC code 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without*

removal of ovary(s); (work RVU = 17.31 and 120 minutes intra-service time) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 15.37 for CPT code 63047.**

63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 96 physicians who perform this service and determined that the current work RVU of 3.47 with 45 minutes of intra-service time appropriately accounts for the work required to perform this service. The current value is below the survey 25th percentile work RVU of 5.00. It was also noted by several reviewers that there was considerable evidence the recommended work RVU may have been too low and that an increase may have been warranted. The specialty societies agreed with the commenters but noted the current literature did not quite support a request for compelling evidence; however the societies expect there may be compelling evidence in the near future of a change in work and therefore may nominate the codes for re-review at that time. The RUC compared the surveyed code to key reference service 22328 *Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment* (work RVU = 4.60 and 45 minutes intra-service time) and determined that the surveyed service is slightly less intense and complex to perform. For further support, the RUC compared the surveyed service to similar MPC services 57267 *Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach* (work RVU = 4.88 and 45 minutes intra-service time) and 99292 *Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes* (work RVU = 2.25) and determined that maintaining the current work RVU supported relativity among similar services. **The RUC recommends a work RVU of 3.47 for CPT code 63048.**

Practice Expense:

The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee for CPT code 63047.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	090	15.37 (No Change)

63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	ZZZ	3.47 (No Change)
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 63047	Tracking Number	Original Specialty Recommended RVU: 15.37
		Presented Recommended RVU: 15.37
Global Period: 090		RUC Recommended RVU: 15.37

CPT Descriptor: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old woman presents with five months of neurogenic claudication, unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L4/5 spinal stenosis. She undergoes L4/5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.

Percentage of Survey Respondents who found Vignette to be Typical: 96

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

Percent of survey respondents who stated they perform the procedure; In the hospital 100 , In the ASC 0, In the office 0

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 1 , Overnight stay-less than 24 hours 25 , Overnight stay-more than 24 hours 73

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 51

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0

Description of Pre-Service Work: Review pre-operative lab work-up; Write pre-operative orders for peri-operative medications; Locate, review, and place MRI and/or other spinal imaging studies on the view box in the operating room; Review planned incisions and procedure; Greet patient in holding area and review the surgical procedure, post-op recovery in and out of the hospital, and expected outcome(s) with patient and family; Sign and mark operative site; Obtain informed consent; Verify that all necessary surgical instruments, supplies, and devices are available in the operative suite; Review length and type of anesthesia with anesthesiologist; Monitor initial patient positioning for induction of anesthesia; Following the induction of anesthesia, assist with repositioning of patient; verify/assist with padding of the patient to prevent pressure on neurovascular structures; Scrub and gown; Mark the incisions and supervise prepping/draping of the patient

Description of Intra-Service Work: midline incision is made in the skin and subcutaneous tissue. The L4 spinous process and lamina are exposed with subperiosteal dissection. The spinous process and lamina of L4 is removed with a drill or bone biting instruments. The ligamentum flavum is removed exposing the thecal sac and nerve roots. The medial L4-5 facets are removed with a drill or bone biting instruments exposing the L5 nerve roots. A foraminotomy is performed for the L5 nerve root. If a discectomy is performed to complete the foraminotomy, it is performed. The wound is irrigated and closed in layers (over a drain if placed). Sterile dressings are applied.

Description of Post-Service Work: Hospital: Turn patient into the supine position; When anesthesia is reversed, transfer to recovery room; Write an OP note in the patient's record; Examine patient, check wound(s) and patient progress, monitor for abnormal neurological findings; Sign OR forms, including pre- and postoperative diagnosis, operations performed; Discuss procedure outcome with family; Dictate postop report; Discuss procedure outcome with referring physician; Dictate procedure outcome and expected recovery letter for referring physician and/or insurance company; Order and review films

to check alignment of lumbar spine; Write orders daily, as necessary, for medications, diet, and patient activity; Examine patient daily, check wounds and patient progress; Review nursing/other staff patient chart notes; Chart patient progress notes; Discuss patient progress with referring physician (verbal and written); Answer patient/family questions, nursing/other staff questions (verbal and written), insurance staff questions; At discharge, review post-discharge wound care, use and proper fit of brace, and activity limitations, including planned physical therapy; Answer patient/family questions, nursing/other staff questions; Write orders for post-discharge films, and medications; Chart patient discharge notes Office: Write orders for medications and follow-up films; Review post-discharge films; Examine patient - perform periodic neurological exams; Monitor wounds and remove sutures/staples; Review use and proper fit of brace with patient; Review physical therapy progress and revise orders as needed; Dictate patient progress notes for medical chart; Answer patient/family questions, insurance staff questions; Discuss patient progress with referring physician (verbal and written).

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013				
Presenter(s):	Alexander Mason, MD; Willam Creevy, MD;William Sullivan, MD					
Specialty(s):	neurosurgery, orthopaedic surgery, spine surgery					
CPT Code:	63047					
Sample Size:	800	Resp N:	96	Response: 12.0 %		
Description of Sample:	random selection from membership roster					
		Low	25 th pctl	Median*	75 th pctl	High
Service Performance Rate		3.00	25.00	50.00	96.00	300.00
Survey RVW:		13.00	16.00	19.50	21.00	27.75
Pre-Service Evaluation Time:				60.00		
Pre-Service Positioning Time:				15.00		
Pre-Service Scrub, Dress, Wait Time:				20.00		
Intra-Service Time:		45.00	79.00	90.00	120.00	200.00
Immediate Post Service-Time:	30.00					
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	60.00	99231x 1.00	99232x 1.00	99233x 0.00		
Discharge Day Mgmt:	38.00	99238x 1.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	69.00	99211x 0.00	12x 0.00	13x 3.00	14x 0.00 15x 0.00	
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00		

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	63047	Recommended Physician Work RVU: 15.37			
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:		40.00	40.00	0.00	
Pre-Service Positioning Time:		15.00	3.00	12.00	
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00	
Intra-Service Time:		90.00			
Immediate Post Service-Time:	<u>30.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>60.00</u>	99231x 1.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>69.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63042	090	18.76	RUC Time

CPT Descriptor Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	50,309

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
58150	090	17.31	RUC Time	11,828

CPT Descriptor 2 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63620	090	15.60	RUC Time

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 36 % of respondents: 37.5 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> 63047	<u>Key Reference CPT Code:</u> <u>63042</u>	<u>Source of Time</u> <u>RUC Time</u>
Median Pre-Service Time	75.00	83.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	60.0	60.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	69.0	69.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	362.00	400.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.44	3.32
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.62
--	------	------

Urgency of medical decision making	2.89	2.85
------------------------------------	------	------

Technical Skill/Physical Effort (Mean)

Technical skill required	3.58	3.65
--------------------------	------	------

Physical effort required	3.47	3.29
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.75	3.71
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Outcome depends on the skill and judgment of physician	3.75	3.76
--	------	------

Estimated risk of malpractice suit with poor outcome	3.75	3.82
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.51	3.59
----------------------------------	------	------

Intra-Service intensity/complexity	3.51	3.65
------------------------------------	------	------

Post-Service intensity/complexity	3.00	3.03
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 63047 was identified by the CMS High Expenditure Procedure Codes not surveyed since 2006 screen. A new RUC survey was conducted jointly by the AANS/CNS, AAOS, and NASS, with 96 survey responses. A majority of the respondents appropriately indicated that the patient was typically admitted.

The multi-specialty expert panel reviewing 63047 recommend pre-time package 4 difficult patient/difficult procedure with an additional 12 minutes of positioning time for spine surgery. The expert panel discussed the survey results and considered possible compelling evidence that the work of this procedure has increased due to changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work and length of stay for these patients. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other intervention, making the patient who do receive surgery more difficult.

Ultimately the expert panel decided to recommend the current value, rather than the 25 percentile of the survey, although a monitoring of the trend in patient characteristics is warranted as the work involved in this procedure has already clearly changed since 2005 and is likely to continue to evolve as the patients become more complex and the physician work greater.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.
-

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63047

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

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

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

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

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
85,531 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty neurosurgery	Frequency 46000	Percentage 53.78 %
Specialty orthopaedic surgery	Frequency 38000	Percentage 44.42 %
Specialty	Frequency	Percentage %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63047

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 63048	Tracking Number	Original Specialty Recommended RVU: 3.47
		Presented Recommended RVU: 3.47
Global Period: ZZZ		RUC Recommended RVU: 3.47

CPT Descriptor: Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old woman presents with five months of neurogenic claudication, unresponsive to physical therapy or epidural cortisone injections. Imaging studies reveal L3/4 and L4/5 spinal stenosis. After an L3/4 decompressive laminectomy with medial facetectomies and bilateral L4 foraminotomies are completed, she undergoes the additional work of a L4/5 decompressive laminectomy with medial facetectomies and bilateral L5 foraminotomies.

[NOTE - THIS IS AN ADD-ON CODE: For this survey only consider the additional intra-operative physician work related to the additional level laminectomy. The first level laminectomy will be reported separately with code 63047.]

Percentage of Survey Respondents who found Vignette to be Typical: 97

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: After completion of the first vertebral level treated, the physician proceeds to the next level. The incision and subperiosteal dissection is carried rostrally exposing the L3 spinous process and lamina. The spinous process and lamina of L3 is removed with a drill or bone biting instruments exposing the dura and ligamentum flavum of the L3-4 interspace. The ligamentum flavum is removed exposing the lateral recess of the spinal canal. Medial facetectomy (unilateral or bilateral) is performed with a drill, osteotome, or bone biting instruments. The L3 nerve root is exposed and decompressed via foraminotomy and discectomy (if necessary).

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013				
Presenter(s):	Alexander Mason, MD; Willam Creevy, MD;William Sullivan, MD					
Specialty(s):	neurosurgery, orthopaedic surgery, spine surgery					
CPT Code:	63048					
Sample Size:	800	Resp N:	96	Response: 12.0 %		
Description of Sample:	random selection from membership roster					
		Low	25 th pctl	Median*	75 th pctl	High
Service Performance Rate		2.00	18.00	40.00	70.00	250.00
Survey RVW:		3.00	5.00	6.00	6.50	6.50
Pre-Service Evaluation Time:				0.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		15.00	30.00	45.00	60.00	180.00
Immediate Post Service-Time:	0.00					
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00		

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: ZZZ Global Code

CPT Code:	63048	Recommended Physician Work RVU: 3.47		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		45.00		
Immediate Post Service-Time:	0.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22328	ZZZ	4.60	RUC Time

CPT Descriptor Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99292	ZZZ	2.25	RUC Time	427463

CPT Descriptor 1 Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57267	ZZZ	4.88	RUC Time	21,302

CPT Descriptor 2 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22525	ZZZ	4.30	RUC Time

CPT Descriptor Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 27 % of respondents: 28.1 %

TIME ESTIMATES (Median)

	CPT Code: 63048	Key Reference CPT Code: 22328	Source of Time RUC Time
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	45.00	45.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	

Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	45.00	45.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	2.93	2.89
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.07	3.00
--	------	------

Urgency of medical decision making	2.67	3.37
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Technical Skill/Physical Effort (Mean)

Technical skill required	3.19	3.37
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Physical effort required	3.07	3.11
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.22	3.56
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Outcome depends on the skill and judgment of physician	3.44	3.44
--	------	------

Estimated risk of malpractice suit with poor outcome	3.15	3.44
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity		
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Intra-Service intensity/complexity	3.11	3.30
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Post-Service intensity/complexity		
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

CPT Code 63048 was surveyed because of its relationship to CPT Code 63047, which was identified by the CMS High Expenditure Procedure Codes not surveyed since 2006 screen. A new RUC survey was conducted jointly by the AANS/CNS, AAOS, and NASS, with 96 survey responses.

CPT Code 63048 is a ZZZ code, with intra-service work only. As with CPT Code 63047, the expert panel discussed the survey results and considered possible compelling evidence that the work of this procedure has increased due to changing patient characteristics. With the growing frequency of non-surgical spine intervention, patients are increasingly presenting for surgery having had prior procedures and studies are beginning to show an increase in the work. Many Medicare and private payors are beginning to require longer waiting periods before spine surgery and during this time patients often receive other intervention, making the patient who do receive surgery more difficult.

Ultimately the expert panel decided to recommend the current value, rather than the 25 percentile of the survey, although a monitoring of the trend in patient characteristics is warranted as the work involved in this procedure has likely changed since 2005 and is likely to continue to evolve as the patients become more complex and the physician work greater.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 63048 is an add-on code to 63047

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63047

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

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

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

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

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national frequency not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

124,208 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty neurosurgery	Frequency 70000	Percentage 56.35 %
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Specialty orthopaedic surgery	Frequency 53500	Percentage 43.07 %
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Specialty	Frequency	Percentage	%
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63048

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

TAB: 24

					RVW					Total	Pre	PRE			INTRA					POST-FACILITY					POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	Pkg	EVAl	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	32	31	38	39	15	14	13	12	11
REF	63042	Laminotomy (hemilaminectomy)	36	0.081			18.76			400		83					120			30		3.0	1.0					3	
RUC-05	63047	Laminectomy, facetectomy		0.080			15.37			362		60	20	15			90			30		1		1.0				3	
SVY	63047	Laminectomy, facetectomy	96	0.118	13.00	16.00	19.50	21.00	27.75	382		60	15	20	45	79	90	120	200	30		1	1	1.0				3	
REC		CURRENT RVW		0.077			15.37			362	4	40	15	20			90			30		1	1	1.0				3	

REF	22328	Open treatment and/or red	27	0.102		4.60		45		0		45		0			
RUC-05	63048	Laminectomy, facetectomy		0.077		3.47		45		0		45		0			
SVY	63048	Laminectomy, facetectomy	96	0.133	3.00 5.00	6.00	6.50 6.50	45		0		15 30	45	60 180	0		
REC		CURRENT RVW		0.077		3.47		45		0		45		0			

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non-Facility Direct Inputs**

Meeting Date: January 2013

NO RECOMMENDATION – FACILITY ONLY CODES

CPT Long Descriptor:

Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

Global Period: 090

CPT Long Descriptor:

Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Global Period: ZZZ

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Intra-Service Clinical Labor Activities:

Post-Service Clinical Labor Activities:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs
Meeting Date: January 2013

CPT Long Descriptor:

Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

Global Period: 090

CPT Long Descriptor:

Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Global Period: ZZZ

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: The RUC Advisors from AAOS, AANS/CNS, and NASS reviewed the current PE details for 63047 and 63048 and determined that the standard assignment of times approved by the PEAC in 2002 have not changed and are appropriate.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale: Current codes used for comparison

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

63047 Standard 90-day global pre-service times are appropriate for clinical staff to: complete pre-service diagnostic & referral forms; coordinate pre-surgery services; schedule space and equipment in facility; provide pre-service education/obtain consent; and follow-up phone calls & prescriptions.

63048 No additional clinical staff time.

Intra-Service Clinical Labor Activities:

63047 Standard time of 12 minutes related to 99238 discharge related clinical staff work.

63048 No additional clinical staff time.

Post-Service Clinical Labor Activities:

63047 Standard time to assist physician at three post-op office visits.

63048 No additional clinical staff time.

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE			REFERENCE CODE				
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			PEAC 2002 63047		REC 63047		PEAC 2002 63048		REC 63048	
3	Meeting Date: January 2013 Tab: 24 Specialty: AAOS, AANS/CNS, NASS	CMS Code	Staff Type	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg. spinal or		Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg. spinal or	each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	
4	LOCATION			NF	FAC	NF	FAC	NF	FAC	NF	FAC
5	GLOBAL PERIOD			090	090	090	090	ZZZ	ZZZ	ZZZ	ZZZ
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	180	n/a	180	n/a	0	n/a	0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	60	n/a	60	n/a	0	n/a	0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	0	n/a	0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	108	n/a	108	n/a	0	n/a	0
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		0		0
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		0		0
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		0		0
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		0		0
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		0		0
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
20	Start: When patient enters office/facility for surgery/procedure:										
40	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	12	n/a	12	n/a	0	n/a	0
42	End: Patient leaves office										
43	POST-SERVICE Period										
44	Start: Patient leaves office/facility										
46	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
47	99211 16 minutes		16								
48	99212 27 minutes		27								
49	99213 36 minutes		36		3		3				
50	99214 53 minutes		53								
51	99215 63 minutes		63								
52	Total Office Visit Time	L037D	RN/LPN/MTA	0	108	0	108	0	0	0	0
54	End: with last office visit before end of global period										
55	MEDICAL SUPPLIES			CODE	UNIT						
56	pack, minimum multi-specialty visit	SA048	pack		3		3				
57	pack, post-op incision care (staple)	SA052	pack		1		1				
58	NO SUPPLIES	SX007							0		0
59	EQUIPMENT			CODE							
60	table, power	EF031			108		108				
61	NO EQUIPMENT	EZ007							0		0

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard-Valued Annual Allowed Charges Greater than \$10 million Screen

January 2013

Aqueous Shunt

CMS identified CPT code 66185 through the Harvard-Valued Annual Allowed Charges Greater than \$10 million screen. In October 2012, the RUC recommended that the specialty society survey codes 66180 and 66185 for January 2013.

In January 2013, the RUC reviewed the survey results for these services and it appeared that the post-operative visits were not calculated correctly. The RUC recommended postponing review of these services until April 2013, allowing the specialty society sufficient time to calculate the survey responses for post-operative visits.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	090	Postponed until April 2013 RUC meeting
66185	Revision of aqueous shunt to extraocular reservoir	090	Postponed until April 2013 RUC meeting

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source - Utilization over 500,000/CMS High Expenditure Procedural Codes Screen

January 2013

MRI-Brain

In the Proposed Rule for 2012, CMS identified CPT code 70551 through the High Expenditure Procedural Code screen. In January 2012, the RUC recommended that the specialty societies survey the physician work and present to the RUC in the CPT and Medicare Physician Fee Schedule 2014 cycle. At this time, CPT code 70552 and 70553 were added to the survey list as they are part of the MRI of the brain family of services.

70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

The RUC reviewed the survey results from 69 radiologists and neuroradiologists and recommend the following physician time components: pre-service time of 5 minutes, intra-service time of 18 minutes and post-service time of 5 minutes. The RUC agreed that 5 minutes of pre-service time is necessary to review clinical history, prior studies and communicate with the technologist. The RUC also noted that the physician time is currently incorrectly reported in the physician time file in the RUC database. CPT code 70551 has not been previously reviewed by the RUC and thus the current physician time for this service is 28 total minutes with a time source of CMS/Other.

The RUC reviewed the survey's estimated work RVUs and agreed with the specialty societies that the respondents overestimated the physician work involved in this service, with a 25th percentile work RVU of 1.60. Therefore, since there is no compelling evidence to change the value of this procedure, the current value of 1.48 is appropriate for this service. To validate this work value, the RUC compared the surveyed code to CPT code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40) and noted that while both services have identical physician time components, 70551 should be valued slightly higher because it is a more intense procedure, performed predominantly in the inpatient hospital setting. The RUC also reviewed CPT code 70496 *Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU= 1.75) and agreed that since the reference code has 10 additional minutes of total time compared to the surveyed code, 70551 is correctly valued below 70496. **The RUC recommends a work RVU of 1.48 for CPT code 70551.**

70552 Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

The RUC reviewed the survey results from 69 radiologists and neuroradiologists and recommend the following physician time components: pre-service time of 5 minutes, intra-service time of 20 minutes and post-service time of 7 minutes. The RUC agreed that 5 minutes of pre-service time is necessary to review clinical history, prior studies and communicate with the technologist.

The RUC reviewed the survey's estimated work RVUs and agreed with the specialty societies that the respondents overestimated the physician work involved in this service, with a 25th percentile work RVU of 1.81. Therefore, since there is no compelling evidence to change the value of this procedure, the current value of 1.78 is appropriate for this service. To validate this work value, the RUC compared the surveyed code to CPT code 73222 *Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)* (work RVU= 1.62, 5 minutes pre-time, 20 minutes intra-time and 8 minutes post-time) and agreed that while both codes have identical intra-service time, MRI of the brain is a more intense procedure and should be valued higher. The RUC also reviewed the key reference service code 70543 *Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences* (work RVU= 2.15, 8 minutes pre-time, 15 minutes intra-time and 10 minutes post-time) and noted that while the reference code has less intra-service time, the survey respondents indicated that 70543 is a more intense service than 70552 and should be valued higher. **The RUC recommends a work RVU of 1.78 for CPT code 70552.**

70553 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

The RUC reviewed the survey results from 69 radiologists and neuroradiologists and recommend the following physician time components: pre-service time of 5 minutes, intra-service time of 25 minutes and post-service time of 7 minutes. The RUC agreed that 5 minutes of pre-service time is necessary to review clinical history, prior studies, communicate with the technologist and perform tasks relating to the administration of contrast materials.

The RUC reviewed the survey results and agreed with the specialty society that since there is no compelling evidence to change the value of this procedure, the current value of 2.36 is appropriate for this service. To validate this work value, the RUC compared the surveyed code to key reference service code 70543 *Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences* (work RVU= 2.15, 8 minutes pre-time, 15 minutes intra-time and 10 minutes post-time) and agreed that with higher intra-service time and intensity, 70553 should be valued higher than this reference code. Additionally, CPT code 71552 *Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences* (work RVU= 2.26, 7.5 minutes pre-time, 24 minutes intra-time and 10 minutes post-time) was reviewed and the RUC agreed that 70553 is a more intense procedure and should be valued slightly higher. **The RUC recommends a work RVU of 2.36 for CPT code 70553.**

Finally, to ensure that the recommended work values reflect incremental work that is relative to other similar codes in the RBRVS, the RUC compared these codes to several other families of codes. After review, the RUC was assured that the recommended work values are appropriate and relative to similar services.

CPT code	Description	Work RVU	Percent Change
70540	MRI ORBIT/FACE/NECK W/O DYE	1.35	
70542	MRI ORBIT/FACE/NECK W/DYE	1.62	20%
70543	MRI ORBT/FAC/NCK W/O &W/DYE	2.15	33%
70551	MRI BRAIN STEM W/O DYE	1.48	
70552	MRI BRAIN STEM W/DYE	1.78	20%
70553	MRI BRAIN STEM W/O & W/DYE	2.36	33%
72195	MRI PELVIS W/O DYE	1.46	
72196	MRI PELVIS W/DYE	1.73	18%
72197	MRI PELVIS W/O & W/DYE	2.26	31%

Practice Expense:

The RUC reviewed and accepted the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
70551		Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	XXX	1.48 (No Change)
70552		Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	XXX	1.78 (No Change)

70553		Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	XXX	2.36 (No Change)
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 70551	Tracking Number	Original Specialty Recommended RVU: 1.48
		Presented Recommended RVU: 1.48
Global Period: XXX		RUC Recommended RVU: 1.48

CPT Descriptor: Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-male presents with worsening intensity and frequency of headache.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 39%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 20%

Description of Pre-Service Work:

- Review the request for appropriateness, review clinical history. Confirm no contraindication for MRI
- Review any prior applicable studies
- Communicate protocol to technologist

Description of Intra-Service Work:

- Obtain/interpret scout views of area to be imaged
- Obtain/review axial, coronal, sagittal planes of T1, T2, FLAIR, Diffusion, Susceptibility, and volumetric (SPGR, MPRAGE, FIESTA/CISS) pulse sequences and determine whether contrast enhanced sequences are necessary
- Interpret the axial, coronal, sagittal planes of T1, T2, FLAIR, Diffusion, Susceptibility, and volumetric (SPGR, MPRAGE, FIESTA/CISS) pulse sequences of head. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvaria; sella, cavernous sinuses, Meckel's Cave, petrous temporal bones/mastoid air cells; skull base; fissures; and foramina; superficial soft tissues. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, arteriovenous malformations. Evaluate cranial nerves II-XII. Evaluate muscles of mastication, nasopharynx, temporomandibular joints. Evaluate jugular fossa. Evaluate for etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings
- Compare to all pertinent available prior studies
- Dictate report. Per PQRS guidelines, comment on the presence or absence of mass, hemorrhage, or acute infarction

Description of Post-Service Work:

- Review and sign the final report
- Discuss findings with referring physician/emergency department

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	Zeke Silva, MD; Greg Nicola, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	70551				
Sample Size:	3027	Resp N:	69	Response:	2.2 %
Description of Sample:	Random Sample				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	200.00	600.00	1000.00	10000.00
Survey RVW:	1.10	1.60	1.81	2.00	3.00
Pre-Service Evaluation Time:			5.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	10.00	11.00	18.00	25.00	75.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	70551	Recommended Physician Work RVU: 1.48		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		5.00	0.00	5.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		18.00		
Immediate Post Service-Time:	5.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70543	XXX	2.15	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99203	XXX	1.42	RUC Time	9,484,460

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other 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 severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

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

Number of respondents who choose Key Reference Code: 14 % of respondents: 20.2 %

TIME ESTIMATES (Median)

	CPT Code: 70551	Key Reference CPT Code: 70543	Source of Time RUC Time
Median Pre-Service Time	5.00	8.00	
Median Intra-Service Time	18.00	15.00	
Median Immediate Post-service Time	5.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	28.00	33.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.86	3.79
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.93	3.86
Urgency of medical decision making	4.00	3.71

Technical Skill/Physical Effort (Mean)

Technical skill required	3.93	3.93
Physical effort required	3.57	3.43

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.64	3.43
Outcome depends on the skill and judgment of physician	4.36	4.07
Estimated risk of malpractice suit with poor outcome	4.00	3.71

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	2.79	2.86
Intra-Service intensity/complexity	3.50	3.71
Post-Service intensity/complexity	3.07	3.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70551 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material*] was identified on both CMS' High Expenditure Procedural Codes Screen, as well as by the RAW's CMS/Other screen. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70551, as well as the two other codes in the code family, 70552 (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)*) and 70553 (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences*), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining the current work RVU for all three codes. These work recommendations are lower than the surveys' 25th percentile for codes 70551 and 70552. The recommendation for 70553 is between the 25th and median survey values.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70551	MRI brain w/o contrast	1.48	5	18	5	28	0.070
70552	MRI brain w/contrast	1.78	5	20	7	32	0.076
70553	MRI brain w/o & w/contrast	2.36	7	25	7	39	0.082

Compelling Evidence

While our societies do not plan to submit compelling evidence arguments for an increase in value, we would point out that there have been revolutionary changes in MR technology since this procedure was originally valued. Interpretation of a typical brain MRI currently requires analysis of numerous complex pulse sequences, many of which were not available when these codes were originally valued. These advances have changed the nature of the physician work performed, and have increased the typical number of images generated. Pulse sequences with high specificity for stroke, hemosiderin, and demyelination are just a few of the new sequences typically required for interpretation. Additionally, modern pulse sequences have allowed thinner slice profiles, leading to an additional increase in the number of images typically acquired. Although new pulse sequences are more specific for certain pathologies, they must be interpreted together as the differential diagnosis will change depending on the imaging characteristics of pathology on each sequence (no one sequence is diagnostic in isolation). Each of these sequences adds to the physician work of protocoling and interpreting these complex exams.

Despite the proliferation in the number of images and development of more challenging protocol considerations, the societies recognize that previous arguments at the RUC for similar codes have been mitigated by survey time results that did not build a substantive case for compelling evidence. Because the societies believe this same reasoning would hold for 70551-70553, we recommend maintaining the current RVU value for these codes.

Comparison to other RUC reviewed MR codes

Our recommendations are consistent with the RUC-reviewed reference services detailed below and maintain relativity across the family.

CPT Code	Short Desc	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC review	Global Day
70547	MR angiography neck w/o contrast	1.20	5	10	10	25	0.086	Yes	XXX
73721	MRI lower extremity joint w/o contrast	1.35		20		20	0.068	Yes	XXX
70336	MRI jaw joint	1.48		20		20	0.074	Yes	XXX
70551	MRI brain w/o contrast	1.48	5	18	5	28	0.070	Yes	XXX
70542	MRI orbit/face/neck w/contrast	1.62	8	15	10	33	0.081	Yes	XXX

CPT Code: 70551									
73222	MRI upper extremity joint w/contrast	1.62	5	20	8	33	0.066	Yes	XXX
70552	MRI brain w/contrast	1.78	5	20	7	32	0.076	Yes	XXX
70546	MR angiograph head w/o & w/contrast	1.80	6	15	10	31	0.096	Yes	XXX
72198	MR angio pelvis w/o & w/contrast	1.80	5	25	8	38	0.060	Yes	XXX
70543	MRI orbit/face/neck w/o & w/contrast	2.15	8	15	10	33	0.116	Yes	XXX
70553	MRI brain w/o & w/contrast	2.36	7	25	7	39	0.082	Yes	XXX
70555	fMRI brain by phys/psych	2.54	10	45	10	65	0.046	Yes	XXX
75561	Cardiac MRI for morph w/contrast	2.60	10	45	10	65	0.048	Yes	XXX

Summary of Recommendation for CPT Code 70551 [Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material]

Our expert panel recommends maintaining the current value of 70551 at 1.48 RVU with median service period times of 5, 18, and 5 minutes.

Code 70551 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material*] is an invaluable tool in investigating a diverse set of pathologies which range from minor to life threatening. It is pivotal in investigating altered mental status, stroke, trauma, tumor, metastatic disease, aneurysms, hemorrhage, demyelination, infection, child abuse, headache, and cranial neuropathies, among many other central nervous system pathologies. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to the ordering physicians.

CPT Code 70551 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material*] is a technically challenging examination to interpret. Subtle findings combined with pulsation artifact created by the intracranial arteries require meticulous attention to detail in order to provide proper interpretation. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Comparison to Key Reference Services for 70551

Our recommended work RVU of 1.48 compares favorably to the most commonly chosen key reference service of 70543 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences*). 70543 has a higher work RVU of 2.15, less intra service time, but a greater total time. Excluding the “time measures” under the Intensity/Complexity survey results, 70551 scored favorably on all categories (except “technical skill required”, which it scored the same) supporting the relative intensity of studies involving intracranial structures.

The second most commonly chosen key reference service is 70496 (*Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing*). 70551 compares favorably to this code as well, with a lower work RVU and intra-service time and nearly identical IWPOT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPOT
70551	MR HEAD/BRAIN W/O CONTRAST	1.48	5	18	5	28	0.070
70543	MR ORBIT/FACE W/O & W/CONTRAST	2.15	8	15	10	33	0.116
70496	CT ANGIOGRAPHY HEAD	1.75	8	20	10	38	0.067

MPC Code for 70551

Our recommendation is compared to the MPC code, 99203 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other 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 severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.*), demonstrating similar work RVUs, intra-service time, total time, and IWPUT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70551	MR HEAD/BRAIN W/O CONTRAST	1.48	5	18	5	28	0.070
99203	OFFICE/OUTPATIENT VISIT NEW	1.42	4	20	5	29	0.061

Summary:

In summary, our expert panel recommends maintaining the current value of 70551 at 1.48 RVU, with median service period times of 5, 18, and 5 minutes. We believe this compares favorably with the two most commonly chosen key reference services, 70543 and 70496, as well as MPC code, 99203. Relativity is also appropriate across the 3 codes for MR of the head / brain and across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70551

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

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

Specialty Diagnostic Radiology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2550333

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70551 provided nationally in a one-year period is estimated to be 2,550,333

Specialty Diagnostic Radiology	Frequency 1745703	Percentage 68.45 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 850,111 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70551 was billed approximately 850,111 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 581901	Percentage 68.45 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70551

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 70552 Tracking Number

Original Specialty Recommended RVU: **1.78**Presented Recommended RVU: **1.78**

Global Period: XXX

RUC Recommended RVU: **1.78**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A contrast-enhanced brain MRI is requested on a 35-year-old female with chronic multiple sclerosis on new therapy. Because of anxiety, she is injected with intravenous contrast prior to the exam, and a full brain MRI exam is completed without the need to bring her out of the magnet.

Percentage of Survey Respondents who found Vignette to be Typical: 70%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 20%

Description of Pre-Service Work:

- Review the request for appropriateness, review clinical history
- Review lab studies to assess renal function. Review medical record for allergy history, absence of contraindications to contrast injection, factors predisposing to contrast-induced Nephrogenic Systemic Fibrosis, and adjust contrast product and amount to be injected. Request renal consult if necessary
- Review the nature and risks of contrast reaction to the patient and obtain informed consent where applicable. Supervise IV placement
- Review any prior applicable studies
- Communicate protocol to technologist

Description of Intra-Service Work:

- Obtain/interpret scout views of area to be imaged
- Supervise Gadolinium contrast injection, supervise monitoring for contrast reaction and extravasation
- Obtain the contrast-phase MR images and review, consider obtaining delayed-phase MR images
- Interpret the axial, coronal, sagittal planes of T2, FLAIR, Diffusion, Susceptibility, and volumetric (SPGR, MPRAGE, FIESTA/CISS) post contrast images of the head. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvaria; sella, cavernous sinuses, Meckel's Cave, petrous temporal bones/mastoid air cells; skull base; fissures; and foramina; superficial soft tissues. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, arteriovenous malformations. Evaluate cranial nerves II-XII. Evaluate muscles of mastication, nasopharynx, temporomandibular joints. Evaluate jugular fossa. Evaluate for etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings. Compare to all pertinent available prior studies. Count neoplastic, infectious, or

demyelinating lesions and measure in two dimensions, if applicable. Evaluate for non-neoplastic etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings

- Compare to all pertinent available prior studies
- Dictate report. Per PQRS guidelines, comment on the presence or absence of mass, hemorrhage, or acute infarction

Description of Post-Service Work:

- Confirm lack of complication from contrast agent such as allergic reaction or extravasation of contrast
- Review and sign the final report
- Discuss findings with referring physician/emergency department

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	Zeke Silva, MD; Greg Nicola, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	70552				
Sample Size:	3027	Resp N:	69	Response:	2.2 %
Description of Sample:	Random Sample				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	40.00	100.00	400.00	2000.00
Survey RVW:	1.30	1.81	2.00	2.30	6.55
Pre-Service Evaluation Time:			5.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	10.00	15.00	20.00	25.00	80.00
Immediate Post Service-Time:	<u>7.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	70552	Recommended Physician Work RVU: 1.78		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		5.00	0.00	5.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		20.00		
Immediate Post Service-Time:	<u>7.00</u>			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70543	XXX	2.15	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93351	XXX	1.75	RUC Time	253,636

CPT Descriptor 1 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

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

Number of respondents who choose Key Reference Code: 21 % of respondents: 30.4 %

TIME ESTIMATES (Median)

	CPT Code: 70552	Key Reference CPT Code: 70543	Source of Time RUC Time
Median Pre-Service Time	5.00	8.00	
Median Intra-Service Time	20.00	15.00	
Median Immediate Post-service Time	7.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	32.00	33.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	4.05	3.76
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.14	3.67
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Urgency of medical decision making	3.95	3.57
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.05	3.81
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Physical effort required	3.43	3.19
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Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.81	3.52
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Outcome depends on the skill and judgment of physician	4.33	4.05
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Estimated risk of malpractice suit with poor outcome	4.00	3.67
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INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.43	3.19
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Intra-Service intensity/complexity	4.24	3.95
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Post-Service intensity/complexity	3.29	2.95
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70551 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material*] was identified on both CMS' High Expenditure Procedural Codes Screen, as well as by the RAW's CMS/Other screen. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70551, as well as the two other codes in the code family, 70552 (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)*) and 70553 (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences*), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining the current work RVU for all three codes. These work recommendations are lower than the surveys' 25th percentile for codes 70551 and 70552. The recommendation for 70553 is between the 25th and median survey values.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70551	MRI brain w/o contrast	1.48	5	18	5	28	0.070
70552	MRI brain w/contrast	1.78	5	20	7	32	0.076
70553	MRI brain w/o & w/contrast	2.36	7	25	7	39	0.082

These times are consistent with the RUC-reviewed reference services described below and maintain relativity across the family.

Compelling Evidence

While our societies do not plan to submit compelling evidence arguments for an increase in value, we would point out that there have been revolutionary changes in MR technology since this procedure was originally valued. Interpretation of a typical brain MRI currently requires analysis of numerous complex pulse sequences, many of which were not available when these codes were originally valued. These advances have changed the nature of the physician work performed, and have increased the typical number of images generated. Pulse sequences with high specificity for stroke, hemosiderin, and demyelination are just a few of the new sequences typically required for interpretation. Additionally, modern pulse sequences have allowed thinner slice profiles, leading to an additional increase in the number of images typically acquired. Although new pulse sequences are more specific for certain pathologies, they must be interpreted together as the differential diagnosis will change depending on the imaging characteristics of pathology on each sequence (no one sequence is diagnostic in isolation). Each of these sequences adds to the physician work of protocoling and interpreting these complex exams.

Despite the proliferation in the number of images and development of more challenging protocol considerations, the societies recognize that previous arguments at the RUC for similar codes have been mitigated by survey time results that did not build a substantive case for compelling evidence. Because the societies believe this same reasoning would hold for 70551-70553, we recommend maintaining the current RVU value for these codes.

Comparison to other RUC reviewed MR codes

These times are consistent with the RUC-reviewed reference services described below and maintain relativity across the family.

CPT Code	Short Desc	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC review	Global Day
70547	MR angiography neck w/o contrast	1.20	5	10	10	25	0.086	Yes	XXX
73721	MRI lower extremity joint w/o contrast	1.35		20		20	0.068	Yes	XXX
70336	MRI jaw joint	1.48		20		20	0.074	Yes	XXX
70551	MRI brain w/o contrast	1.48	5	18	5	28	0.070	Yes	XXX

CPT Code: 70552									
70542	MRI orbit/face/neck w/contrast	1.62	8	15	10	33	0.081	Yes	XXX
73222	MRI upper extremity joint w/contrast	1.62	5	20	8	33	0.066	Yes	XXX
70552	MRI brain w/contrast	1.78	5	20	7	32	0.076	Yes	XXX
70546	MR angiograph head w/o & w/contrast	1.80	6	15	10	31	0.096	Yes	XXX
72198	MR angio pelvis w/o & w/contrast	1.80	5	25	8	38	0.060	Yes	XXX
70543	MRI orbit/face/neck w/o & w/contrast	2.15	8	15	10	33	0.116	Yes	XXX
70553	MRI brain w/o & w/contrast	2.36	7	25	7	39	0.082	Yes	XXX
70555	fMRI brain by phys/psych	2.54	10	45	10	65	0.046	Yes	XXX
75561	Cardiac MRI for morph w/contrast	2.60	10	45	10	65	0.048	Yes	XXX

Summary of Recommendation for CPT Code 70552 [Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)]

Our expert panel recommends maintaining the current value of 70552 at 1.78 RVU with median service period times of 5, 20, and 7 minutes.

Code 70552 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)*] is an invaluable tool in investigating a diverse set of pathologies which range from minor to life threatening. It is a pivotal tool in investigating altered mental status, stroke, trauma, tumor, metastatic disease, aneurysms, hemorrhage, demyelination, infection, child abuse, headache, and cranial neuropathies, among many other central nervous system pathologies. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians.

CPT Code 70552 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)*] is a technically challenging examination to interpret. Subtle findings combined with pulsation artifact created by the intracranial arteries require meticulous attention to detail in order to provide proper interpretation. Although new pulse sequences are more specific for certain pathologies, it is imperative each is interpreted together as the differential diagnosis will drastically change depending on how pathology looks on each sequence (no one sequence is diagnostic in isolation). A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Post-service time

The societies recommend an additional 2 minutes of post-service time compared to 70551, congruent with the survey results, for the evaluation of patients after IV contrast administration to confirm that no complication from the contrast agent such as allergic reaction or extravasation has occurred.

Comparison to Key Reference Service for 70552

Our recommended work RVU of 1.78 compares favorably to the most commonly chosen key reference service of 70543 (*Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences*). 70543 has a higher work RVU of 2.15, less intra service time, but slightly greater total time. In the Intensity/Complexity survey results, 70552 scored favorably on all categories supporting the relative intensity of studies involving the intra-cranial structures.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70552	MR HEAD/BRAIN W/CONTRAST	1.78	5	20	7	32	0.076
70543	MR ORBIT/FACE W/O CONTRAST	2.15	8	15	10	33	0.116

MPC Code for 70552

Our recommendation is compared to the MPC code, 93351 (*Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision*), demonstrating a nearly identical RVU, intra-service time, total time, and IWPUT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70552	MR HEAD/BRAIN W/CONTRAST	1.78	5	20	7	32	0.076
93351	STRESS TTE COMPLETE	1.75	5	20	10	35	0.071

Summary:

In summary, our expert panel recommends maintaining the current value of 70552 at 1.78 RVU with median service period times of 5, 20, and 7 minutes. We believe this compares favorably with the key reference service, 70543, and MPC code, 93351. Relativity is also appropriate across the 3 codes for MR of the head / brain as well as across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70552

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

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

Specialty Diagnostic Radiology

How often? Commonly

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period? 77082

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70552 provided nationally in a one-year period is estimated to be 77,082

Specialty Diagnostic Radiology	Frequency 59369	Percentage 77.02 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,694 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70552 was billed approximately 25,694 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology	Frequency 19790	Percentage 77.02 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70552

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 70553 Tracking Number

Original Specialty Recommended RVU: **2.36**Presented Recommended RVU: **2.36**

Global Period: XXX

RUC Recommended RVU: **2.36**

CPT Descriptor: Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with history of breast cancer presents with altered mental status and seizures.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 38%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 16%

Description of Pre-Service Work:

- Review the request for appropriateness, review clinical history
- Review lab studies to assess renal function. Review medical record for allergy history, absence of contraindications to contrast injection, factors predisposing to contrast-induced Nephrogenic Systemic Fibrosis, and adjust contrast product and amount to be injected. Request renal consult if necessary
- Review the nature and risks of contrast reaction to the patient and obtain informed consent where applicable. Supervise IV placement
- Review any prior applicable studies
- Communicate protocol to technologist

Description of Intra-Service Work:

- Obtain/interpret scout views of area to be imaged
- Supervise Gadolinium contrast injection, supervise monitoring for contrast reaction and extravasation
- Obtain the contrast-phase MR images and review, consider obtaining delayed-phase MR images
- Interpret the axial, coronal, sagittal planes of T1, T2, FLAIR, Diffusion, Susceptibility, and volumetric (SPGR, MPRAGE, FIESTA/CISS) pulse sequences of head. Interpret triplanar post contrast images of the head. Evaluate brain parenchyma; ventricular system; subdural and subarachnoid spaces; meninges; calvaria; sella, cavernous sinuses, Meckel's Cave, petrous temporal bones/mastoid air cells; skull base; fissures; and foramina; superficial soft tissues. Evaluate major vascular structures for evidence of thrombosis, aneurysmal dilatation, dissection, arteriovenous malformations. Evaluate cranial nerves II-XII. Evaluate muscles of mastication, nasopharynx, temporomandibular joints. Evaluate jugular fossa. Evaluate for etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings. Compare to all pertinent available prior studies. Count

neoplastic, infectious, or demyelinating lesions and measure in two dimensions, if applicable. Evaluate for non-neoplastic etiologies of patient's symptoms, such as ischemia/infarction, hemorrhage, mass effect, hydrocephalus, white matter disease, congenital anomalies, disorders of brain coverings

- Compare to all pertinent available prior studies
- Dictate report

Description of Post-Service Work:

- Confirm lack of complication from contrast agent such as allergic reaction or extravasation of contrast
- Review and sign the final report
- Discuss findings with referring physician/emergency department

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	Zeke Silva, MD; Greg Nicola, MD				
Specialty(s):	American College of Radiology, American Society of Neuroradiology				
CPT Code:	70553				
Sample Size:	3027	Resp N:	69	Response:	2.2 %
Description of Sample:	Random Sample				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	220.00	694.00	1500.00	10000.00
Survey RVW:	1.00	2.20	2.50	2.75	7.25
Pre-Service Evaluation Time:			7.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	12.00	15.00	25.00	35.00	90.00
Immediate Post Service-Time:	9.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

XXX Global Code

CPT Code:	70553	Recommended Physician Work RVU: 2.36		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		5.00	0.00	5.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		25.00		
Immediate Post Service-Time:	7.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70543	XXX	2.15	RUC Time

CPT Descriptor Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99284	XXX	2.56	RUC Time	5,760,934

CPT Descriptor 1 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other 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 require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**

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

Number of respondents who choose Key Reference Code: 30 % of respondents: 43.4 %

TIME ESTIMATES (Median)

	CPT Code: 70553	Key Reference CPT Code: 70543	Source of Time RUC Time
Median Pre-Service Time	7.00	8.00	
Median Intra-Service Time	25.00	15.00	
Median Immediate Post-service Time	7.00	10.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	39.00	33.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	4.43	3.93
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.30	3.97
--	------	------

Urgency of medical decision making	4.20	3.77
------------------------------------	------	------

Technical Skill/Physical Effort (Mean)

Technical skill required	4.20	3.97
--------------------------	------	------

Physical effort required	3.33	3.00
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.87	3.43
---	------	------

Outcome depends on the skill and judgment of physician	4.63	4.27
--	------	------

Estimated risk of malpractice suit with poor outcome	4.23	3.80
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.17	2.93
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Intra-Service intensity/complexity	4.53	4.20
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Post-Service intensity/complexity	3.43	3.23
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

CPT Code 70551 [*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material*] was identified on both CMS' High Expenditure Procedural Codes Screen, as well as by the RAW's CMS/Other screen. The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) surveyed 70551, as well as the two other codes in the code family, 70552 (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)*) and 70553 (*Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences*), and convened an expert panel of physicians familiar with the services to review the survey data.

Work RVU Recommendations

The expert panel recommends maintaining the current work RVU for all three codes. These work recommendations are lower than the surveys' 25th percentile for codes 70551 and 70552. The recommendation for 70553 is between the 25th and median survey values.

Pre, Intra, and Post Service Times

The panel recommends the median survey service period times for all three codes. Our work and service period times are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70551	MRI brain w/o contrast	1.48	5	18	5	28	0.070
70552	MRI brain w/contrast	1.78	5	20	7	32	0.076
70553	MRI brain w/o & w/contrast	2.36	7	25	7	39	0.082

Compelling Evidence

While our societies do not plan to submit compelling evidence arguments for an increase in value, we would point out that there have been revolutionary changes in MR technology since this procedure was originally valued. Interpretation of a typical brain MRI currently requires analysis of numerous complex pulse sequences, many of which were not available when these codes were originally valued. These advances have changed the nature of the physician work performed, and have increased the typical number of images generated. Pulse sequences with high specificity for stroke, hemosiderin, and demyelination are just a few of the new sequences typically required for interpretation. Additionally, modern pulse sequences have allowed thinner slice profiles, leading to an additional increase in the number of images typically acquired. Although new pulse sequences are more specific for certain pathologies, they must be interpreted together as the differential diagnosis will change depending on the imaging characteristics of pathology on each sequence (no one sequence is diagnostic in isolation). Each of these sequences adds to the physician work of protocoling and interpreting these complex exams.

Despite the proliferation in the number of images and development of more challenging protocol considerations, the societies recognize that previous arguments at the RUC for similar codes have been mitigated by survey time results that did not build a substantive case for compelling evidence. Because the societies believe this same reasoning would hold for 70551-70553, we recommend maintaining the current RVU value for these codes.

Comparison to other RUC reviewed MR codes

These times are consistent with the RUC-reviewed reference services described below and maintain relativity across the family.

CPT Code	Short Desc	Work RVU	Pre	Intra	Post	Total Time	IWPUT	RUC review	Global Day
70547	MR angiography neck w/o contrast	1.20	5	10	10	25	0.086	Yes	XXX
73721	MRI lower extremity joint w/o contrast	1.35		20		20	0.068	Yes	XXX
70336	MRI jaw joint	1.48		20		20	0.074	Yes	XXX
70551	MRI brain w/o contrast	1.48	5	18	5	28	0.070	Yes	XXX
70542	MRI orbit/face/neck w/contrast	1.62	8	15	10	33	0.081	Yes	XXX

CPT Code: 70553									
73222	MRI upper extremity joint w/contrast	1.62	5	20	8	33	0.066	Yes	XXX
70552	MRI brain w/contrast	1.78	5	20	7	32	0.076	Yes	XXX
70546	MR angiograph head w/o & w/contrast	1.80	6	15	10	31	0.096	Yes	XXX
72198	MR angio pelvis w/o & w/contrast	1.80	5	25	8	38	0.060	Yes	XXX
70543	MRI orbit/face/neck w/o & w/contrast	2.15	8	15	10	33	0.116	Yes	XXX
70553	MRI brain w/o & w/contrast	2.36	7	25	7	39	0.082	Yes	XXX
70555	fMRI brain by phys/psych	2.54	10	45	10	65	0.046	Yes	XXX
75561	Cardiac MRI for morph w/contrast	2.60	10	45	10	65	0.048	Yes	XXX

Summary of Recommendation for CPT Code 70553 [Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences]

Our expert panel recommends maintaining the current value of 70553 at 2.36 RVU with median service period times of 7, 25, and 7 minutes.

Code 70553 *[Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences]* is an invaluable tool in investigating a diverse set of pathologies which range from minor to life threatening. It is a pivotal tool in investigating altered mental status, stroke, trauma, tumor, metastatic disease, aneurysms, hemorrhage, demyelination, infection, child abuse, headache, and cranial neuropathies, among many other central nervous system pathologies. Not only is a positive result significant, a negative result is also pertinent in patient management, in relieving patient anxiety, and in providing assurance to ordering physicians.

CPT Code 70553 *[Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences]* is a technically challenging examination to interpret. Subtle findings combined with pulsation artifact created by the intracranial arteries require meticulous attention to detail in order to provide proper interpretation. Although new pulse sequences are more specific for certain pathologies, it is imperative each is interpreted together as the differential diagnosis will drastically change depending on how pathology looks on each sequence (no one sequence is diagnostic in isolation). A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret led us to believe that this procedure is appropriately valued as above.

Pre-Service Time:

The societies are recommending 7 minutes of pre-service time, 2 minutes more than for 70551, based on the additional time to evaluate patients prior to IV contrast administration for the review of medical record for allergy history, absence of contraindications to contrast injection, factors predisposing to contrast-induced Nephrogenic Systemic Fibrosis, and to adjust contrast product and amount to be injected. Consultation with a renal specialist may be necessary.

Post-Service Time:

The societies recommend 7 minutes of post time, the same as 70552, and 2 minutes higher than 70551. This additional 2 minutes of post-service time is necessary for the evaluation of patients after IV contrast administration to confirm that no complication from the contrast agent such as allergic reaction or extravasation occurred.

Comparison to Key Reference Services for 70553

Our recommended work RVU of 2.36 compares favorably to the most commonly chosen key reference service of 70543 *(Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences)*. In the Intensity/Complexity survey results, 70553 scored favorably on all categories supporting the relative intensity of studies involving the intra-cranial structures. 70553 also has greater total and intra-service times than 70553.

The second most commonly chosen key reference service is 71552 *(Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s))*.

and further sequences). Our recommendation for 70553 yields a higher RVU, intra-service time, and IWPUT than 71552. The higher intensity is to be expected when evaluating the brain compared to the chest.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70553	MR HEAD/BRAIN W/O & W/CONTRAST	2.36	7	25	7	39	0.082
70543	MR ORBIT/FACE W/O & W/CONTRAST	2.15	8	15	10	33	0.116
71552	MRI CHEST W/O & W/CONTRAST	2.26	7.5	24	10	42	0.078

Comparison Across Family:

The work value for 70553 is higher than the survey 25%, but maintains relativity across the “code family”. Importantly, the increased IWPUT as one progresses up the family reflects the greater intensity as one progresses from “without” contrast to “with” contrast to “with and without” contrast.

The panel would also point out that the interpretation of 70553 (with and without contrast) essentially involves the interpretation of the two individual studies represented by 70551 (without contrast) and 70552 (with contrast). Thus, applying a 50% reduction to the second lower valued study would yield: $1.78 + 1.48/2 = 2.52$, higher than our recommendation and representative of any potential efficiencies gained.

MPC Code for 70553

Our recommendation is compared to the MPC code, 99284 (*Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other 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 require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.*), demonstrating a similar RVU, intra-service time, total time, and IWPUT.

CPT Code	Short Descriptor	Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
70553	MR HEAD/BRAIN W/O & W/CONTRAST	2.36	7	25	7	39	0.082
99284	EMERGENCY DEPT VISIT	2.56	5	25	10	40	0.089

Summary:

In summary, our expert panel recommends maintaining the current value of 70553 at 2.36 RVU, with median service period times of 7, 25, and 7 minutes. We believe this compares favorably with the key reference service, 70543, and MPC code, 99284. Relativity is also appropriate across the 3 codes for MR of the head / brain as well as across the larger family of MR codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70553

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

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2876937

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by 70553 provided nationally in a one-year period is estimated to be 2,876,937

Specialty Diagnostic Radiology Frequency 2101320 Percentage 73.04 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 958,979 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2012 Medicare data estimates that CPT code 70553 was billed approximately 958,979 times for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 700450 Percentage 73.04 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70553

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	ISSUE: MRI Brain																			
13	TAB: 26																			
14						RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	
16	REF	70543	Magnetic resonance (eg	14	0.116			2.15			33	8					15			10
17	CURRENT	70551	Magnetic resonance (eg, proto		0.041			1.48			45	10					25			10
18	SVY	70551	Magnetic resonance (eg	69	0.088	1.10	1.60	1.81	2.00	3.00	28	5			10	11	18	25	75	5
19	REC	70551			0.070	1.48					28	5					18			5
20																				
21						RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST
22	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	
23	REF	70543	Magnetic resonance (eg	21	0.116			2.15			33	8					15			10
24	CURRENT	70552	Magnetic resonance (eg, proto		#DIV/0!			1.78			33									
25	SVY	70552	Magnetic resonance (eg	69	0.087	1.30	1.81	2.00	2.30	6.55	32	5			10	15	20	25	80	7
26	REC	70552			0.076	1.78					32	5					20			7
27																				
28						RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST
29	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	
30	REF	70543	Magnetic resonance (eg	30	0.116			2.15			33	8					15			10
31	CURRENT	70553	Magnetic resonance (eg, proto		#DIV/0!			2.36			43									
32	SVY	70553	Magnetic resonance (eg	69	0.086	1.00	2.20	2.50	2.75	7.25	41	7			12	15	25	35	90	9
33	REC	70553			0.084	2.36					37	5					25			7

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

70551: Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

70552: Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

70553: Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

Global Period: XXX Meeting Date: 01/2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The American College of Radiology and the American Society of Neuroradiology convened a consensus panel to finalize the practice expense data for CPT codes 70551, 70552, and 70553.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 70551, 70552, and 70553 are existing codes, we used the PEAC approved data as the basis for the practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

- Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD

Intra-Service Clinical Labor Activities:

- Greet patient, provide gowning, ensure appropriate medical records are available
- Provide pre-service education/obtain consent/ Interview patient for contraindications
- Prepare room, equipment, supplies/ Enter patient demographic information into the MRI scanner
- Prepare and position patient/ monitor patient/ set up IV
- Assist physician in performing procedure/ Acquire images
- Clean room/equipment by physician staff
- Process films, hang films, and review study with interpreting MD prior to patient discharge
- Escort patient from exam room due to magnetic sensitivity

Post-Service Clinical Labor Activities:

	A	B	C	D	F	H	J	L	N
1	REVISED AT RUC 1/26/13			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			70551	70551	70552	70552	70553	70553
3	Meeting Date: January 2013 Tab: 26 Specialty: ACR & ASNR	CMS Code	Staff Type	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material (Jan 2013 RUC)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) (Jan 2013 RUC)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences (Jan 2013 RUC)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L047A	MRI Tech	76.0	55.0	78.0	74.0	90.0	84.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L047A	MRI Tech	8.0	3.0	8.0	5.0	8.0	5.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L047A	MRI Tech	68.0	52.0	70.0	69.0	82.0	79.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L047A	MRI Tech	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE								
11	Start: Following visit when decision for surgery or procedure made								
12	Complete pre-service diagnostic & referral forms								
13	Coordinate pre-surgery services								
14	Schedule space and equipment in facility								
15	Provide pre-service education/obtain consent								
16	Follow-up phone calls & prescriptions								
17	Other Clinical Activity - <i>specify: Retrieve prior appropriate imaging exams and hang for MD review, verify orders, review the chart to incorporate relevant clinical information and confirm contrast protocol with interpreting MD</i>	L047A	MRI Tech	8	3	8	5	8	5
18	End: When patient enters office/facility for surgery/procedure								
19	SERVICE PERIOD								
20	Start: When patient enters office/facility for surgery/procedure:								
21	Greet patient, provide gowning, ensure appropriate medical records are available	L047A	MRI Tech	3	3	3	3	3	3
22	Obtain vital signs						3		3
23	Provide pre-service education/obtain consent/ <i>Interview patient for contraindications</i>	L047A	MRI Tech	7	7	9	7	9	7
24	Prepare room, equipment, supplies/ <i>Enter patient demographic information into the MRI scanner</i>	L047A	MRI Tech	5	5	7	7	7	7
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV/ Escort patient	L047A	MRI Tech	3	3	5	5	5	5
27	Sedate/apply anesthesia								
28	Intra-service								
29	Assist physician in performing procedure/ Acquire images	L047A	MRI Tech	30	20	30	30	40	38
30	Post-Service								
31	Monitor pt. following service/check tubes, monitors, drains								
32	Clean room/equipment by physician staff	L047A	MRI Tech	3	3	3	3	3	3
33	Clean Scope								
34	Clean Surgical Instrument Package								
35	Complete diagnostic forms, lab & X-ray requisitions								
36	Review/read X-ray, lab, and pathology reports								
37	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
38	Other Clinical Activity - <i>Process films, hang films, and review study with interpreting MD prior to patient discharge</i>	L047A	MRI Tech	15	11	11	11	13	13

	A	B	C	D	F	H	J	L	N
1	REVISED AT RUC 1/26/13			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			70551	70551	70552	70552	70553	70553
3	Meeting Date: January 2013 Tab: 26 Specialty: ACR & ASNR	CMS Code	Staff Type	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material (Jan 2013 RUC)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) (Jan 2013 RUC)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences (Jan 2013 RUC)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX
39	Other Clinical Activity - <i>Escort patient from exam room due to magnetic sensitivity</i>	L047A	MRI Tech	2	0	2	0	2	0
40	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a	n/a	n/a	n/a	n/a	n/a

	A	B	C	D	F	H	J	L	N
1	REVISED AT RUC 1/26/13			REFERENCE CODE		REFERENCE CODE		REFERENCE CODE	
2	Note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.			70551	70551	70552	70552	70553	70553
3	Meeting Date: January 2013 Tab: 26 Specialty: ACR & ASNR	CMS Code	Staff Type	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material (Jan 2013 RUC)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) (Jan 2013 RUC)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences (RUC DB)	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences (Jan 2013 RUC)
4	LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a	n/a	n/a	n/a	n/a	n/a
42	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a	n/a	n/a	n/a	n/a	n/a
43	End: Patient leaves office								
44	POST-SERVICE Period								
45	Start: Patient leaves office/facility								
46	Conduct phone calls/call in prescriptions								
47	Office visits: List Number and Level			# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16						
49	99212 27 minutes		27						
50	99213 36 minutes		36						
51	99214 53 minutes		53						
52	99215 63 minutes		63						
53	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0
54	Other Clinical Activity - <i>specify:</i>								
55	End: with last office visit before end of global period								
56	MEDICAL SUPPLIES	CODE	UNIT						
57	swab-pad, alcohol	SJ053	item			1	0	1	0
58	bandage, strip 0.75in x 3in (Bandaid)	SG021	item			1	1	1	1
59	angiocatheter 14g-24g	SC001	item			1	1	1	1
60	povidone swabsticks (3 pack uou)	SJ043	item			1	0	1	0
61	Earplugs	SJ018	pair	1	1	1	1	1	1
62	drape, non-sterile, sheet 40in x 60in	SB006	item			1	1	1	1
63	iv tubing (extension)	SC019	item			1	1	1	1
64	film, x-ray, laser print	SK098	item		10	10	10	12	12
65	film, x-ray 14in x 17in	SK034	item	10					
66	x-ray envelope	SK091	item	1		1		1	
67	gauze, sterile 2in x 2in	SG053	item			1	0	1	0
68	gloves, non-sterile	SB022	pair			1	1	1	1
69	heparin lock	SC012	item			1	1	1	1
70	kit, iv starter	SA019	kit			1	1	1	1
71	needle, 18-27g	SC029	item			1	1	2	1
72	computer media, dvd	SK013	item		1	1	1	1	1
73	gown, patient	SB026	item		1	1	1	1	1
74	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			1	1	1	1
75	syringe 20ml	SC053	item			1	1	1	1
76	paper, exam table	SB036	ft		7	7	7	7	7
77	tape, surgical paper 1in (Micropore)	SG089	item				0	6	0
78	EQUIPMENT	CODE							
79	room, MR	EL008		68	31	70	45	82	53
80	film alternator (motorized film viewbox)	ER029			11	11	11	13	13
81	film processor, dry, laser	ED024			11	11	11	13	13

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2013 PE Services with Stand-Alone Procedure Time

January 2013

Radiation Treatment Delivery-PE Only

In the July 30, 2012 Proposed Rule for the 2013 Medicare Fee Schedule, CMS requested that the RUC review the practice expense (PE) for CPT Codes 77418 and 77373. CMS identified these codes as having stand alone PE procedure time, defined as (PE) RVUs developed utilizing procedure time assumptions that are not based on physician work. The RUC recommended that these services be reviewed for practice expense in October 2012. In October 2012, the RUC's Practice Expense Subcommittee met and discussed the CMS request. The PE Subcommittee discussed the procedure time related to 77373 and the procedure time and number of staff related to 77418. After review of the practice expense inputs the RUC's Practice Expense Subcommittee and the RUC agreed that since there is no physician work associated with this code, in order to ensure accurate procedure times for 77373 and 77418, the specialty society should conduct a survey for clinical staff time. The specialty societies agreed to conduct a survey for 77373, but decided to refer CPT code 77418 to the CPT Editorial Panel.

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

The specialty societies used a modified PE survey tool, reviewed and approved by the Research Subcommittee to conduct a random survey of their office based membership. The PE Subcommittee reviewed the survey results from 18 radiation oncologists, radiologists and physicists and agreed with the specialties that the overall clinical time is consistent with the recently modified/implemented 2013 CMS direct inputs. The PE Subcommittee agreed with the adjustments made by the specialties to some of the specific steps in order to more accurately reflect survey results. In addition, as requested by the RUC, the specialties have provided schedules to demonstrate the typical time reserved for this service. Schedules have been included as attachments with this rationale. **The RUC recommends the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee.**

77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

The specialty societies discussed CPT code 77418 with the Research Subcommittee while preparing for the January 2013 RUC meeting survey cycle. During the conference call to review the modified PE survey tool it became clear that taking the issue to CPT was the most effective way to deal with the concerns surrounding the code. CPT code 77418 can encompass procedures with a range of time and complexity and would be more adequately segmented by two codes, one for simple and one for complex. **The RUC recommends that CPT code 77418 be referred to CPT.**

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
77373		Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	XXX	0.00 (PE Input Recommendations Only)
77418		Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	XXX	0.00 (PE Input Recommendations Only) (Refer to CPT)



January 8, 2013

Barbara Levy, MD
Chair, RVS Update Committee
American Medical Association
515 N. State St.
Chicago, IL 60610

Re: Tab 27 Radiation Treatment Delivery – PE Only

Dear Dr. Levy,

The American Society for Radiation Oncology (ASTRO) discussed CPT code 77418 with the research subcommittee while preparing for the January 2013 RUC Meeting survey cycle. The RUC requested that ASTRO conduct a practice expense survey of clinical time to make recommendations to the PE Subcommittee at the January 2013 RUC meeting. During the conference call to review the modified survey tool it became clear that taking the issue to CPT was the most effective way to deal with the concerns surrounding the code. The specialties will present a CCP to the CPT Editorial Panel. As such, there are not updated practice expense recommendations included in our submission. If you have any questions, please don't hesitate to contact me at nmohide@gmail.com.

Respectfully,

Najeeb Mohideen, MD

cc: Sherry Smith
Trisha Crishock
Angela Kim

**The American Medical
Association/Specialty Society
RVS Update Committee**

**DIRECT PRACTICE EXPENSE
RVS Update Survey**

Revised CPT Code: 77373

Global Period: XXX

CPT Code Descriptor: *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions*

Vignette: A 55-year-old male is diagnosed with a 3.0 cm non-small cell lung cancer in the periphery of the left lower lobe of the lung and his metastatic work is negative. He is medically inoperable secondary to poor pulmonary reserve. Stereotactic body radiation therapy (SBRT) is selected to enhance local control and cure and decrease treatment-related morbidity. The prescription is to deliver 20 Gy per fraction X 3 fractions. After simulation and appropriate conformal treatment planning he presents to the department for SBRT.

Why should I complete this survey?

The AMA/Specialty Society RVS Update Committee (RUC) and the American Society for Radiation Oncology (ASTRO) need your help to assure the practice expense relative value units (PE RVUs) will be accurately and fairly presented to CMS during this revision process. This is important to you and other physicians because these values determine the rate at which Medicare and other payers reimburse for procedures.

Each new/revised code must be surveyed (*i.e., there is one questionnaire per code, so you may have several questionnaires to complete*). Each questionnaire is organized the same and is comprised of questions relating to direct practice expenses.

What if I have a question?

Contact: **Trisha Crishock** trishacrishock@gmail.com

Physician Name: _____

E-mail Address: _____

Physician Specialty: _____ **Years Practicing Specialty:** _____

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____

Primary Geographic

Practice Setting: Rural Suburban Urban

Site Of Service

Non-Facility settings include physician offices, freestanding imaging centers, and independent pathology labs. Facility settings include all other settings, such as hospitals, ambulatory surgical centers, skilled nursing facilities, and partial hospitals.

Primary Type of Practice: *(See Below)*

Free Standing (Office) Setting: *Own your own RO equipment, pay your clinical staff (therapists, physicists, etc) and you bill Medicare for the technical component through the Physician Fee Schedule (Circle One)*

Solo Practice (1 RO)

Multiple RO Practice

Multispecialty Practice

OR

Hospital Based Setting: *The hospital owns the RO equipment, the hospital pays your clinical staff (therapists, physicists, etc) and the hospital bills Medicare through the HOPPs system (i.e. APCs) for the technical component (Circle One)*

Hospital Based Setting: Non Medical
School Setting

OR

Medical
School Setting

Definition of a Global Period

It is very important to consider the global period when you are estimating clinical staff time. The code included in this survey has a 'XXX' global period. That really means that a global period does not apply to the code and that evaluation and management and other diagnostic tests or minor services performed, may be reported separately on the same day.

Staff Time

You will be asked to estimate the staff time providing clinical support in minutes for each category/task listed. The work of clinical staff should not be counted when it substitutes for work the physician would provide within the definitions of physician work. However, when the clinical staff provides services that are above and beyond the tasks that the physician is usually expected to do and not a substitute for physician services, it should be included.

Include: clinical labor provided by health care professionals who are paid by your practice and cannot bill separately, such as medical physicists (MPs), radiation therapists (RTs), registered nurses (RNs), licensed practical nurses (LPNs), and certified medical assistants (MAs), or other personnel employed in your practice.

Do not include: clinical labor provided by health care professionals, such as physician assistants (PAs) nurse practitioners (NPs), or clinical social workers in this survey if they can separately bill for the service and their services are a substitute for the physician service. Also, administrative activities provided by clerical staff, medical secretaries, or clinical staff should NOT be included. Administrative activities include activities such as billing for services, scheduling appointments, transcribing and filing reports and obtaining service authorizations.

Direct Practice Expense Inputs

Direct practice expenses inputs include the following:

- Time spent by health care professional clinical staff providing clinical activities,
- Medical supplies used to perform service, and
- Medical equipment used to perform the service.

Radiation Oncology Service Period Definitions

The service period for this XXX code starts with the patient's arrival at the physician's office for treatment. This includes the preparatory services before the service (pre service), assistance provided during the treatment (intra service) and all post-procedure services that are provided while in the physician's office (post service).

IN ANSWERING THESE PRACTICE EXPENSE QUESTIONS, YOU MAY FIND IT HELPFUL TO CONFER WITH YOUR CLINICAL OR ADMINISTRATIVE STAFF.

Question 1:	What clinical staff make-up your dedicated SBRT treatment team?	
Question 2:	How often do you typically repeat the image guidance procedure and/or re-establish tracking or breathing rhythm during a treatment session?	
Question 3:	Please provide a copy of a weekly schedule for your treatment machine. Black out all names and PHI to remain HIPPA compliant. Please note your SBRT treatments on the schedule.	
Question 4:	How much time during the SBRT treatment does each member of the clinical staff do work for another patient?	
Question 5:	Do you typically use a second therapist? If yes, please complete column marked “Radiation Therapist #2” (in the table on page 4). If not, please leave blank.	

QUESTION 5: How much time does your staff spend providing clinical support for each portion of this procedure? *Base estimates on the typical patient listed on page one of this survey.*

Only include clinical labor provided by health care professionals who are paid by your practice and cannot bill separately, such as radiation therapists (RTs), medical physicists (MPs), registered nurses (RNs), licensed practical nurses (LPNs), and certified medical assistants (MA), or other personnel employed in your practice. It is important to include the time associated with clinical activities regardless of the type of staff providing the service, since it is most important to capture the time related to clinical functions. For example, if you use non-clinical personnel for clinical activities please list the staff type in the “other staff” category below however, administrative activities such as the following should not be included:

Administrative activities that should not be included:

- * Obtain referral from referring MD
- * Obtain medical records/manage patient database/develop chart
- * Verify insurance/register patient
- * Schedule subsequent post service E&M services
- * Conduct billing and collection activities
- * Schedule patient/remind patient of appointment
- * Pre-certify patient/conduct pre-service billing
- * Transcribe results/file and manage patient records
- * Notify and complete report to referring MD

	RN/LPN/MTA	Radiation Therapist #1	Radiation Therapist #2	Medical Physicist	Other
Pre Service Activities	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>
Greet patient, provide gowning, ensure appropriate medical records are available					
Obtain Vital Signs					
Check Clinical Status					
Prepare room, equipment, supplies					
Set up IV					
Sedate/apply anesthesia					
Setup Machine: Open the prescription and get it ready of patient to be treated, review prescription parameters					
Other Activity:					
Intra Service Activities	RN/LPN/MTA	Radiation Therapist #1	Radiation Therapist #2	Medical Physicist	Other
	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>
Enter Treatment Plan					
Review and check plan coordinates					
Assist in patient positioning					
Monitor treatment delivery and patient					
Complete treatment and documentation					
Setup Image Guidance parameters and reference from plan images					
Setup and establish respiratory tracking/gating method					
Localize target with image guidance					
Adjust patient, machine and imaging factors, consult with MD until set up is acceptable					
Treatment					

	RN/LPN/MTA	Radiation Therapist #1	Radiation Therapist #2	Medical Physicist	Other
Re-establish target position using all tools periodically during the treatment with image guidance					
Compare parameters and consult with MD					
Complete treatment session documentation					
Other Activities:					
Post Service Activities	RN/LPN/MTA	Radiation Therapist #1	Radiation Therapist #2	Medical Physicist	Other
	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>	<i>Minutes</i>
Monitor patient following service/check tubes, monitors, drains					
Document treatment administered in record and verify system					
Clean room/equipment					
Other Activities:					

Question 6: If you use an additional clinical staff person, please explain.

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor: *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions*

Global Period: XXX

Meeting Date: January 2013

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The RUC recommended that the specialties conduct a practice expense survey of their membership to make clinical time recommendations. As such, the specialties presented a modified tool to the research subcommittee for review and approval prior to disseminating the survey. ASTRO used the modified and approved survey tool to conduct a random survey of their office based membership. 18 useable surveys were collected. All hospital-based surveys were discarded, as discussed with the research subcommittee during the survey tool review process.

We convened an expert panel comprised of radiation oncologists, radiologists and physicists to review the practice expense survey results. The current specialty recommendations were based on the survey results. The overall clinical time is consistent with the recently modified/implemented 2013 CMS direct inputs (our recommendations are 1 minute less). However, some of the times allocated for specific steps have been adjusted to more accurately reflect survey results.

In addition to conducting a practice expense survey to develop recommendations for this procedure, the RUC asked us to collect schedules to demonstrate the typical time blocked off for this procedure. Those have been included with our recommendations.

**You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes.
Reference Code Rationale:**

CPT code 77373 has existing direct practice expense inputs. As such, we did not include a comparison code in our recommendations but included the newly implemented/modified CMS 2013 direct inputs as well as the 2012 inputs.

If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

N/A

Intra-Service Clinical Labor Activities:

The nurse evaluates the patient in an exam room, takes vitals and administers any pre-SBRT medications (anti-emetic anti-anxiety or analgesic medications or steroid anti-inflammatory agents in some lung SBRT cases). Prior to treatment, the therapist and the medical physicist confirm the chart prescription dose, the patient treatment set-up instructions, and respiratory motion control parameters. The medical physicist confirms treatment isocenter verification in accordance with the departmental practice (typically performed daily using the Winston-Lutz test or equivalent method). Results of the isocenter precision measurements are reviewed with the physician and compared to the planning margins on the patient's treatment volume. The medical physicist also analyzes the set up for potential collisions of the apparatus with the patient, treatment couch, or other devices and discusses with the physician if appropriate modifications are required. This process may involve doing a test run of the treatment delivery machinery to reproduce in the treatment room the intended gantry or robotic arm motion path according to the computer-designed plan of treatment. .

Prior to each individual SBRT treatment, the therapist identifies the correct patient chart and loads into the treatment control software the patient-specific treatment plan file on their work station outside the treatment room. The therapist gives specific instructions to the patient prior to positioning. The patient is positioned by the therapist with the assistance of either another therapist or the medical physicist in the previously constructed immobilization device (e.g. alphacradle or body frame) with the help of in-room lasers aligned to external reference fiducial marks. After positioning the patient on the table, the therapist positions the abdominal compression device, breath coordination equipment, or optical tracking devices. The medical physicist, with the physician, will confirm the positioning of these devices. The medical physicist and physician confirm effective dampening of abdominal respiration or readiness of the gating or motion tracking system. The therapist confirms patient comfort in the treatment position and confirms that the patient can receive and understand audio or visual instructions.

With the patient secured in the treatment position and respiratory control devices deployed, the therapist and the medical physicist go outside the room to the treatment console. The therapist then activates the image guidance device (kV or MV radiographs or CT scan), and the medical physicist and radiation oncologist review the acquired images for quality and interpretability. If technically unsuitable for interpretation, the images are acquired again. Once suitable images are obtained, the medical physicist and physician compare them with digitally reconstructed radiographs (DRR's) or a CT data set to determine whether the images obtained match the expected appearance; bony landmarks/soft tissue features and/or internal fiducial markers are visualized for this purpose. The patient position is then adjusted either automatically or manually to allow for precise match of the obtained guidance images and expected appearance. If the required patient position shift is larger than a pre-determined acceptable limit, the patient is typically assisted up from the treatment table and repositioned, and the process of setting up the respiratory control system and acquisition of guidance images is repeated. For systems using orthogonal kV images, prior to the first SBRT treatment it is routine to confirm internal target location with additional

CT images which the radiation oncologist reviews images with the medical physicist to verify that the internal isocenter in the reconstructed 3D volume is positioned appropriately in reference to the observed tumor location in accordance with the previously designed treatment plan. If necessary, linac clearance around the patient is verified once more with the patient in the final treatment position.

Only when the medical physicist and radiation oncologist are certain that the correct target position has been acquired, can the Radiation Therapist energize the radiation delivery system and commence treatment. The respiration signal, patient position, and target location are continuously monitored during the delivery of image guided SBRT. Multiple images are taken throughout the course of the treatment by the therapist to verify target localization. If the patient is observed to move or requires a break in the treatment for any reason (e.g. discomfort or fatigue from the respiratory control system), the entire patient positioning and image-guided verification process is repeated. The respiratory control system is monitored continuously by the therapist, and the therapist discontinues treatment if there are observed or suspected deviations in its performance; these concerns are brought to the attention of the medical physicist and radiation oncologist, who order patient repositioning or resynchronization of the gating or tracking system if needed prior to resuming treatment. Repeat image guidance might also be required in this circumstance. The medical physicist and physician again must both review and approve acquired guidance images before the beam can be turned on again.

It is necessary for a medical physicist to have direct involvement in the treatment delivery process because of the complexity of combining image guided radiotherapy therapy and respiratory motion control and also the need for a second expert confirmation (in addition to the radiation oncologist) of the setup accuracy. There is a greater need for very high accuracy in view of the very high doses per treatment, the complex arrangement of beams and arcs, and very high dose rate of machine output used given the desire to complete the entire individual SBRT treatment as efficiently as possible. These conditions of operation generates frequent automatic stop and warning responses within the linear accelerator; it is the medical physicist's responsibility to respond appropriately and over-ride warnings when appropriate or correct and re-calibrate alignment or monitor machine cooling and re-institute treatment when appropriate and safe.

Once the dose has been delivered the therapists go into the room, disconnect all respiratory control devices, and assist the patient in the process of rising up from the immobilization device. To ensure patient safety and avoid damage to the respiratory control device and immobilization equipment, it is necessary for two therapists or a therapist and medical physicist to aid the patient in dismounting from the treatment couch. The therapist then makes sure that the patient has no immediate concerns and is escorted out of the room to the nurse, who then takes the patient to an exam room. The medical physicist tabulates the daily dose and confirms that there has been no shift from the planned dose or if there is an interrupted treatment makes appropriate calculations on dose to report to the physician. Both the therapist and medical physicist complete their paperwork and sign the prescription sheet. After the fraction of SBRT a nurse will check the patient's vital signs and evaluate the patient in an exam room separate from the treatment room. While the patient is resting, the nurse monitors vital signs, and provides post treatment education (review of potential side effects) and schedules the follow up appointments.

Post-Service Clinical Labor Activities:

N/A

	A	B	C	AMA Specialty Society Recommendation	F	G	H	I	J	K	L
1				CPT 77373	CPT 77373		CPT 77373			77435	
	Meeting Date: January 2013 Specialty: Radiation Oncology (ASTRO)			Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions 2012 Inputs	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions New 2013 Inputs		Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions Current Recommendations			Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
2		CMS	Staff								
3		Code	Type	Non Facility	Facility	Non Facility	Facility	Non Facility	Facility	Non Facility	Facility
4	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5	TOTAL CLINICAL LABOR TIME			210	0	183	0	182	0	12	15
6	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0	9	12
7	TOTAL SERVICE PERIOD CLINICAL LABOR TIME			210	0	183	0	182	0	0	0
8	Medical Physicist	L152A	MedPhy	75		75		78			
9	Radiation Therapist	L050C	RT	111		84		82			
10	RN/LPN/MTA	L037D	RN/LPN/MTA	24		24		22			
11	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	0	0	0	0	0	0	3	3
12	PRE-SERVICE										
13	Start: Following visit when decision for surgery or procedure made										
14	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA							3	3
15	Coordinate pre-surgery services	L037D	RN/LPN/MTA							3	3
16	Schedule space and equipment in facility	L037D	RN/LPN/MTA								3
17	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA							3	3
18	Follow-up phone calls & prescriptions										
19	Other Clinical Activity (please specify)										
20	End: When patient enters office/facility for surgery/procedure										
21	SERVICE PERIOD										
22	Start: When patient enters office/facility for surgery/procedure: Services Prior to Procedure										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	3		3		3			
24	Obtain vital signs	L037D	RN/LPN/MTA	3		3		3			
25	Provide pre-service education/obtain consent										
26	Prepare room, equipment, supplies	L037D	RN/LPN/MTA	2		2		2			
27	Setup scope (non facility setting only)										
28	Prepare and position patient/ monitor patient/ set up IV	L037D	RN/LPN/MTA	2		2					
29	Sedate/apply anesthesia	L037D	RN/LPN/MTA	1		1		1			
30											
31	Intra-service										
32	Enter Treatment Plan	L050C	RT	4		4		4			
33	Review and check plan coordinates	L050C	RT	4		4		4			
34	Assist in patient positioning	L050C	RT	8		8		8			
35	Setup DRR reference positions	L152A	MedPhy	20		20		8			
36	Establish Respiratory Cycle (RC) for patient	L152A	MedPhy	5		5		4			
37	Correlate RC with Target (fiducial) position	L152A	MedPhy	5		5		8			
38	Compare with reference DRR's and consult with MD	L152A	MedPhy	5		5		5			
39	Monitor treatment delivery and patient	L050C	RT	90		60		60			
40	Treatment	L152A	MedPhy	30		30		38			
41	Re-establish RC/Target position if correlation is lost	L152A	MedPhy	5		5		5			
42	Complete treatment and documentation	L050C	RT	5		6		6			
43	Compare on treatment DRR's, consult with MD	L152A	MedPhy	5		5		5			
44	Complete treatment session documentation	L152A	MedPhy					5			

	A	B	C	AMA Specialty Society Recommendation	F	G	H	I	J	K	L
1				CPT 77373	CPT 77373	CPT 77373				77435	
	Meeting Date: January 2013 Specialty: Radiation Oncology (ASTRO)			Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions 2012 Inputs	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions New 2013 Inputs	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions Current Recommendations				Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
2		CMS	Staff								
3		Code	Type	Non Facility	Facility	Non Facility	Facility	Non Facility	Facility	Non Facility	Facility
45											
46	Post-Service										
47	Monitor pt. following service/check tubes, monitors, drains	L037D	RN/LPH/MTA	10		10		10			
48	Clean room/equipment by physician staff	L037D	RN/LPH/MTA	3		3		3			
55	Other Clinical Activity (please specify)										
56	End: Patient leaves office										
57	POST-SERVICE Period										
58	Start: Patient leaves office/facility										
59	Conduct phone calls/call in prescriptions	L037D	RN/LPH/MTA							3	3
60	Other Activity (please specify)										
61	End: with last office visit before end of global period				0		0		0		
62	MEDICAL SUPPLIES		Unit								
63	pack, minimum multi-sof-setspecialty visit	SA048		1		1		1			
64	drape, non-sterile, sheet 40in x 60in	SB006		1		1		1			
65	gloves, non-sterile	SB022		2		2		0			
66	underpad 2ft x 3ft (Chux)	SB044		3		3		3			
67	gas, oxygen	SD084		10		10		10			
68	tape, surgical paper 1in (Micropore)	SG079		10		10		10			
69	EQUIPMENT										
70	pulse oximeter w-printer	EQ211		114		84		86			
71	SRS system, SBRT, six systems, average	ER083		114		84		86			
72	radiation treatment vault	ER056						86			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes Screen

January 2013

Intravenous Infusion Therapy

In the July 19, 2011 Proposed Rule for the 2012 Medicare Fee Schedule, CMS requested that the RUC review high expenditure procedural codes. CPT code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* and CPT code 96367 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour* were identified for review through this screen. In January 2012, the RUC recommended that the infusion codes be surveyed for physician work and practice expense for the January 2013 RUC meeting.

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

The RUC reviewed survey results from 68 hematology, oncology, rheumatology, and infectious diseases physicians and determined that the current work RVU of 0.21 appropriately accounts for the physician work required to perform this service. The RUC agreed with the specialties' recommendation to maintain the current times of 2 minutes pre-service, 5 minutes intra-service and 2 minutes post-service. The RUC compared the surveyed service to key reference service CPT code 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug* (work RVU= 0.24, 4 minutes pre-service, 5 minutes intra-service and 2 minutes post-service) and agreed with the survey respondents that 96365 requires less physician time to perform and is less intense and complex than 96409, accounting for the lower work value. The RUC also compared the surveyed service to MPC CPT code 96401 *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic* (work RVU= 0.21, 4 minutes pre-service, 3 minutes intra-service, 2 minutes post-service) and agreed with the survey respondents that 96365 requires the same total time to perform and is similar intensity to perform. **The RUC recommends a work RVU of 0.21 for CPT code 96365.**

96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour

The RUC reviewed survey results from 68 hematology, oncology, rheumatology, and infectious diseases physicians and determined that the current work RVU of 0.18 appropriately accounts for the physician work required to perform this service. The RUC agreed with the specialties' recommendation of 5 minutes intra-service time. The RUC compared the surveyed service to key reference service CPT code 96361 *Intravenous infusion, hydration; each additional hour* (work RVU= 0.09, 3 minutes intra-service) and agreed with the survey respondents that 96366 requires more physician time to perform and is more intense and complex than 96361, accounting for the higher work value. The RUC also compared the surveyed service to similar service CPT code 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug* (work RVU= 0.20, 3 minutes pre-service, 4 minutes intra-service) and agreed with the survey respondents that 96366 requires less total time to

perform and is slightly less intense to perform, accounting for the lower work value. **The RUC recommends a work RVU of 0.18 for CPT code 96366.**

96367 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour

The RUC reviewed survey results from 61 hematology, oncology, rheumatology, and infectious diseases physicians and determined that the current work RVU of 0.19 appropriately accounts for the physician work required to perform this service. The RUC agreed with the specialties' recommendation of 1 minute pre-service and 5 minutes intra-service. The RUC agreed that although pre-service time for a ZZZ codes is not typical, when this service is reported the patient would be receiving a second hour of administration with a second drug, requiring pre-service time to prepare. The RUC agreed that complications may occur with administering a second drug and there is a greater likelihood of additional nurse/physician interaction as compared to 96366 (recommended work RVUs of 0.18), accounting for the slightly higher work value. The RUC compared the surveyed service to key reference service CPT code 96375 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug* (work RVU= 0.10, 1 minute pre-service, 3 minutes intra-service) and agreed with the survey respondents that 96367 requires more physician time to perform and is more intense and complex than 96375, accounting for the higher work value. The RUC also compared the surveyed service to similar service CPT code 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug* (work RVU =0.20, 3 minutes pre-service, 4 minutes intra-service) and agreed with the survey respondents that 96367 requires less total time to perform, accounting for the lower work value. **The RUC recommends a work RVU of 0.19 for CPT code 96367.**

96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion

The RUC reviewed survey results from 59 hematology, oncology, rheumatology, and infectious diseases physicians and determined that the current work RVU of 0.17 appropriately accounts for the physician work required to perform this service. The RUC agreed with the specialties' recommendation of 1 minute pre-service and 5 minutes intra-service. The RUC agreed that although pre-service time for a ZZZ codes is not typical, when this service is reported the patient would be receiving two drugs at the same time, requiring pre-service time to prepare. The RUC compared the surveyed service to key reference service CPT code 96375 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug* (work RVU= 0.10, 1 minute pre-service, 3 minutes intra-service) and agreed with the survey respondents that 96368 requires more physician time to perform and is more intense and complex than 96375, accounting for the higher work value. The RUC also compared the surveyed service to similar service CPT code 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug* (work RVU= 0.20, 3 minutes pre-service, 4 minutes intra-service) and agreed with the survey respondents that 96368 requires less total time to perform, accounting for the lower work value. **The RUC recommends a work RVU of 0.17 for CPT code 96368.**

Practice Expense: The Practice Expense Subcommittee made modifications to the direct practice expense inputs for CPT code 96365: line 12 complete pre-service diagnostic and referral forms reduced from 3 to 2 minutes; line 13 coordinate pre-surgery services reduced from 3 to 0

minutes; line 17 review charts - obtain medical history reduced from 3 to the standard 0; line 18 greet patient and escort to infusion suite increased from 2 to the standard 3; line 19 obtain vital signs reduced from 5 minutes the standard for level 2 (4-6 vitals), to 3 minutes the standard for level 1 (1-3 vitals); line 35 start IV or access port/PICC reduced from 2 to 1. For CPT code 96366 the changes included: line 19 obtain vital signs reduced from 5 minutes the standard for level 2 (4-6 vitals), to 2 minutes for 2 vital signs taken. For CPT codes 96365, 96366 and 96367 the following supplies were removed: juice, apple, 1 oz (SK042), cup, drinking (SK018) and Graham crackers, 1 packet (SK040). The RUC recommends the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
96365		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	XXX	0.21 (No Change)
96366		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	ZZZ	0.18 (No Change)
96367		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	ZZZ	0.19 (No Change)
96368		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	ZZZ	0.17 (No Change)

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

CPT Code: 96365 Tracking Number

Original Specialty Recommended RVU: **0.21**Presented Recommended RVU: **0.21**

Global Period: XXX

RUC Recommended RVU: **0.21**

CPT Descriptor: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69 year old male presents with a history of a left olecranon bursitis due to oxacillin-resistant Staphylococcus aureus. He is receiving daily infusions on an outpatient basis and has been clinically improving. A PICC line has been previously established (placement of the PICC line is reported separately).

Percentage of Survey Respondents who found Vignette to be Typical: 51%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o Physician provides and confirms orders
- o Physician interacts and reviews plan with staff

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o Physician provides appropriate instructions regarding immediate care
- o Physician provides minimal instructions regarding ongoing care
- o Physician conducts appropriate interactions with staff regarding patient monitoring

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM IDSA - Steve Schmitt, MD				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology IDSA -Infectious Diseases Society of America				
CPT Code:	96365				
Sample Size:	13260	Resp N:	68	Response: 0.5 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	28.00	110.00	10000.00
Survey RVW:	0.08	0.24	0.43	0.97	20.00
Pre-Service Evaluation Time:			15.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	15.00	30.00	90.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

XXX Global Code

CPT Code:	96365	Recommended Physician Work RVU: 0.21		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		2.00	0.00	2.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		5.00		
Immediate Post Service-Time:	2.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00		

Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96409	XXX	0.24	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, single or initial substance/drug**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469
<u>CPT Descriptor 1</u> Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93010	XXX	0.17	RUC Time	19,261,786

CPT Descriptor 2 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Key Reference Code: 17 % of respondents: 25.0 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> 96365	<u>Key Reference CPT Code:</u> 96409	<u>Source of Time</u> RUC Time
Median Pre-Service Time	2.00	4.00	
Median Intra-Service Time	5.00	5.00	
Median Immediate Post-service Time	2.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	

Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	9.00	11.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.59	3.65
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.76
--	------	------

Urgency of medical decision making	3.63	3.69
------------------------------------	------	------

Technical Skill/Physical Effort (Mean)

Technical skill required	3.47	3.59
--------------------------	------	------

Physical effort required	2.88	2.88
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.71	3.94
---	------	------

Outcome depends on the skill and judgment of physician	3.65	3.82
--	------	------

Estimated risk of malpractice suit with poor outcome	3.24	3.47
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.29	3.41
----------------------------------	------	------

Intra-Service intensity/complexity	2.82	2.88
------------------------------------	------	------

Post-Service intensity/complexity	2.53	2.76
-----------------------------------	------	------

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96365 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*) and 96367 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour*) were identified as potentially misvalued codes through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96366 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour*) and 96368 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion*), as part of the infusion code family. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

96365 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH), the Society for Infectious Diseases Society of America (ISDA) and the American College of Rheumatology (ACR_h) conducted a joint on-line survey of codes 96365, 96366, 96367 and 96368. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH, ISDA and ACR_h RVS consensus panel (joint panel) reviewed and discussed the work survey results. For code 96365 there were 68 responses to the survey request with a median performance rate of 28.

Time Discussion

The joint panel reviewed the survey median times (15 pre, 15 intra, 10 post) and compared it to the current assigned time of 2 minutes pre, 5 minutes intra and 2 minutes post time. The 25th percentile of intra time is also 5 minutes. The consensus of the joint panel is that this service has not fundamentally changed since 2005 to justify a substantial increase in time from the current level. We are therefore recommending that the current times consistent with the 25th percentile.

Work Discussion

The joint panel reviewed the survey median work (RVW 0.43) as well as the 25th percentile (RVW 0.24) compared to the current value (RVW 0.21). The panel recommends maintaining the current RVW of 0.21 consistent with our conclusion that there has not been any fundamental change in the nature of the work and there is no compelling evidence for an increase in the work value.

The reference service code chosen by the survey respondents, CPT 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug*, is assigned an RVW 0.24 with pre, intra and post time of 4, 5 and 2 minutes. The intensity/complexity measures of the surveyed code were slightly lower than the ratings assigned to the reference code; e.g., intra service intensity for the surveyed code was assigned a rating of 2.82 as compared with 2.88 for the reference service. Given the similarity in times and the minimal difference in the intensity/complexity measures, we think the survey data clearly supports maintenance of the current value of 0.21.

To provide further support, the joint panel compared code 96365 to two MPC codes: CPT 93010 (*ECG Interpretation and Report*), RVW 0.17, pre 0, intra 4 and post 2 minutes and CPT 96401 (*Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*), RVW 0.21, times; pre 4, Intra 3, Post 2 minutes. The panel would consider the physician work associated with the surveyed infusion code to be more complex than interpreting an ECG strip and comparable in time and complexity to a subcutaneous or intramuscular chemotherapy injection.

In summary, we recommend a RVW of 0.21 which is the current value for 96365 with a pre service time 2 minutes, intra service time 5 minutes, and post time 2 minutes for a total time 9 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96365; Add-on code +96366, +96367, +96378

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96365

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty Infectious Diseases Society of America How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 4212429

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology	Frequency 1516474	Percentage 35.99 %
Specialty Medical Oncology	Frequency 379119	Percentage 9.00 %
Specialty Infectious Disease	Frequency 800362	Percentage 19.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,404,143 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology	Frequency 505491	Percentage 35.99 %
Specialty Medical Oncology	Frequency 126373	Percentage 9.00 %
Specialty Infectious Disease	Frequency 266787	Percentage 18.99 %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96365

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 96366 Tracking Number

Original Specialty Recommended RVU: **0.18**Presented Recommended RVU: **0.18**

Global Period: ZZZ

RUC Recommended RVU: **0.18**

CPT Descriptor: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year old male insulin-dependent diabetic, who is status post renal transplantation, is receiving liposomal Amphotericin B infusion for Cryptococcus meningitis through an established PICC line. He is now to receive another hour of infusion. (This is an add-on code: the 96365 code includes the IV discontinuation, flush and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 59%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o No physician pre-service work

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o No physician post-service work

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM IDSA - Steve Schmitt, MD				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology IDSA -Infectious Diseases Society of America				
CPT Code:	96366				
Sample Size:	13260	Resp N:	68	Response: 0.5 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	10.00	99.00	5000.00
Survey RVW:	0.01	0.14	0.20	0.41	25.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	10.00	20.00	120.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

ZZZ Global Code

CPT Code:	96366	Recommended Physician Work RVU: 0.18		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		5.00		
Immediate Post Service-Time:	0.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00

Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96361	ZZZ	0.09	RUC Time

CPT Descriptor Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469
<u>CPT Descriptor 1</u> Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93010	XXX	0.17	RUC Time	19,261,786

CPT Descriptor 2 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96411	ZZZ	0.20	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code: 18 % of respondents: 26.4 %****TIME ESTIMATES (Median)**

	<u>CPT Code:</u> 96366	<u>Key Reference CPT Code:</u> 96361	<u>Source of Time</u> RUC Time
Median Pre-Service Time	0.00	0.00	
Median Intra-Service Time	5.00	3.00	
Median Immediate Post-service Time	0.00	0.00	
Median Critical Care Time	0.0	0.00	

Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	5.00	3.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.28	3.17
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.22	3.06
Urgency of medical decision making	3.39	3.28

Technical Skill/Physical Effort (Mean)

Technical skill required	3.47	3.18
Physical effort required	2.53	2.47

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	3.50	3.28
Outcome depends on the skill and judgment of physician	3.72	3.72
Estimated risk of malpractice suit with poor outcome	4.22	4.00

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	2.83	2.72
Post-Service intensity/complexity	0.00	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96365 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*) and 96367 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour*) were identified as potentially misvalued codes through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96366 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour*) and 96368 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion*), as part of the infusion code family. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

96366 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH), the Society for Infectious Diseases Society of America (ISDA) and the American College of Rheumatology (ACR) conducted a joint on-line survey of Code 96365, 96366, 96367 and 96368. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH, ISDA and ACR RVS consensus panel (joint panel) reviewed and discussed the work survey results. There were 68 responses to the survey for code 96366 and the median performance rate was 10 procedures.

Time Discussion

We did not survey for pre and post time since this is an add-on (ZZZ) code. The survey median intra service time was 10 minutes and the 25th percentile intra time 5 minutes. The current intra time assigned is 3 minutes. The panel is recommending the 25th percentile of 5 minutes of intra time to maintain relativity within the family.

Work Discussion

Code 96366 is currently assigned an RVW of 0.18. The median survey RVW was 0.20 and the 25th percentile was 0.14. The joint panel agreed that there was no compelling evidence to support a higher RVU and recommends that the current RVW of 0.18 be maintained. The reference code most frequently selected for this survey is code 96361, Intravenous infusion, hydration, each additional hour, which is assigned an RVW of 0.09, and 3 minutes of intra time. The intensity/complexity measures for the surveyed code were ranked higher for 8 of the 9 measures being rated. Given the higher complexity and higher intra time, we think maintaining the current RVW of 0.18 is appropriate.

To provide further support, we compared the surveyed code to two MPC codes: code 96401 and code 96411. Code 96401 is defined as Chemotherapy administration, subcutaneous or intramuscular, non-hormonal, anti-neoplastic, and is assigned an RVW of 0.21 and pre time of 3 minutes, intra time of 4 minutes and post time of 2 minutes. Code 96411, is defined as Chemotherapy administration, intravenous, push technique each additional substance/drug, and is assigned an RVW of 0.20 and pre time of 3 minutes and intra time of 4 minutes. Another reference CPT code that the panel considered as they evaluated the rank order was, code 93010, Electrocardiogram interpretation and report, with an RVW of 0.17 and 4 minutes of intra time.

In summary, we recommend a RVW of 0.18 which is the current value for 96366 with a pre service time 0 minutes, intra service time 5 minutes, and post time 0 minutes for a total time 5 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96365; Add-on code +96366, +96367, +96378

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96366

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

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty Infectious Diseases Society of America How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 2048112

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology	Frequency 860207	Percentage 41.99 %
Specialty Medical Oncology	Frequency 225292	Percentage 10.99 %
Specialty Infectious Disease	Frequency 204811	Percentage 9.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 682,704 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology	Frequency 286736	Percentage 42.00 %
Specialty Medical Oncology	Frequency 244292	Percentage 35.78 %
Specialty Infectious Disease	Frequency 222084	Percentage 32.53 %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96366

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 96367 Tracking Number

Original Specialty Recommended RVU: **0.19**Presented Recommended RVU: **0.19**

Global Period: ZZZ

RUC Recommended RVU: **0.19**

CPT Descriptor: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour
(List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70 year old female status post a ruptured colonic diverticula presents for infusion of two drugs. She has a single lumen PICC line in place. (This is an add-on code: the 96365 code includes the IV discontinuation, flush and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 70%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o Physician provides and confirms orders

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o No physician post-service work

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM IDSA - Steve Schmitt, MD				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology IDSA -Infectious Diseases Society of America				
CPT Code:	96367				
Sample Size:	13260	Resp N:	61	Response: 0.4 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	10.00	200.00	5000.00
Survey RVW:	0.00	0.18	0.25	0.55	3.06
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	10.00	20.00	120.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

ZZZ Global Code

CPT Code:	96367	Recommended Physician Work RVU: 0.19		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		1.00	0.00	1.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		5.00		
Immediate Post Service-Time:	0.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00		

Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96375	ZZZ	0.10	RUC Time

CPT Descriptor Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug

(List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469
<u>CPT Descriptor 1</u> Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93010	XXX	0.17	RUC Time	1,926,178

CPT Descriptor 2 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96411	ZZZ	0.20	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, each additional substance/drug

(List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 27.8 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> 96367	<u>Key Reference CPT Code:</u> 96375	<u>Source of Time</u> RUC Time
Median Pre-Service Time	1.00	1.00	
Median Intra-Service Time	5.00	3.00	
Median Immediate Post-service Time	0.00	0.00	

Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	6.00	4.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.82	3.76
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.76	3.71
Urgency of medical decision making	3.88	3.82

Technical Skill/Physical Effort (Mean)

Technical skill required	4.00	4.00
Physical effort required	2.81	2.81

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.35	4.24
Outcome depends on the skill and judgment of physician	4.29	4.12
Estimated risk of malpractice suit with poor outcome	4.35	4.29

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	3.06	3.00
Post-Service intensity/complexity	0.00	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96365 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*) and 96367 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour*) were identified as a potentially misvalued codes through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96366 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour*) and 96368 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion*), as part of the infusion code family. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

96367 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH), the Infectious Diseases Society of America (ISDA) and the American College of Rheumatology (ACRrh) conducted a joint on-line survey of Code 96365, 96366, 96367 and 96368. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH, ISDA and ACRrh RVS consensus panel (joint panel) reviewed and discussed the work survey results. There were 61 responses to the survey for Code 96367 and the median performance rate was 10 procedures.

Time Discussion

Currently, 1 minute is assigned as pre time and 5 minutes are assigned as intra time for total time of 6 minutes. As this is an add-on code, we did not survey for pre and post time using the standard ZZZ survey tool. Not surveying for pre time, for CPT 96367, was an oversight as this service does have pre-service work, as noted in our pre-service description of work. In contrast with code 96366 used to report an intravenous infusion time beyond the first hour of the same drug, code 96367 involves infusion of an additional infusion of a new drug/substance for which the physician needs to confirm the order and calculate the dosage and check for potential interactions. This adds some pre time over and above that assigned to the initial infusion (code 96365). The joint panel reviewed the survey median intra service time (10 minutes) as well as the 25th percentile intra time (5 minutes). The panel is recommending 5 minutes consistent with the 25th percentile of time data. Therefore, the joint panel recommends accepting the current pre time 1 minute and intra time 5 minutes, for a total time of 6 minutes, which appropriately maintains the relativity for the services in the family.

Work Discussion

Code 96367 is currently assigned an RVW of 0.19. The median survey RVW was 0.25 and the 25th percentile RVW was 0.18. The joint panel agreed that there was no compelling evidence to support a higher RVU and recommends that the current RVW of 0.19 be maintained. The key reference code most frequently selected for this survey is Code 96375, Therapeutic, prophylactic or diagnostic injection, each additional sequential intravenous push of a new substance drug. The reference code is assigned an RVW of 0.10 and pre time of 1 minute and intra time of 3 minutes. The intensity/complexity measures were ranked higher for most of the measures and the same for two of the items. Given the higher intra time and the higher rating of complexity, we think the survey data supports the recommended RVW of 0.19.

To provide further support, we compared the surveyed code to two MPC codes: code 96401 and code 96411. Code 96401 is defined as Chemotherapy administration, subcutaneous or intramuscular, non-hormonal, anti-neoplastic, and is assigned an RVW of 0.21 and pre time of 3 minutes, intra time of 4 minutes and post time of 2 minutes. Code 96411, is defined as Chemotherapy administration, intravenous, push technique each additional substance/drug, and is assigned

an RVW of 0.20 and pre time of 3 minutes and intra time of 4 minutes. Another reference CPT which we think supports the recommended RVW is code 93010, Electrocardiogram interpretation and report, with an RVW of 0.17 and 4 minutes of intra time.

In summary, we recommend a RVW of 0.19 which is the current value for 96367 with a pre service time 1 minutes, intra service time 5 minutes, and post time 0 minutes for a total time 6 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96365; Add-on code +96366, +96367, +96378

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96367

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty Infectious Diseases Society of America How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 6507090

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology	Frequency 4685105	Percentage 72.00 %
Specialty Medical Oncology	Frequency 1301418	Percentage 20.00 %
Specialty Infectious Disease	Frequency 130142	Percentage 2.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,169,030 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology	Frequency 1561702	Percentage 72.00 %
Specialty Medical Oncology	Frequency 433806	Percentage 20.00 %
Specialty Infectious Disease	Frequency 43381	Percentage 2.00 %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96367

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 96368 Tracking Number

Original Specialty Recommended RVU: **0.17**Presented Recommended RVU: **0.17**

Global Period: ZZZ

RUC Recommended RVU: **0.17**

CPT Descriptor: Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion

(List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73 year old patient with a diabetic ulcer and osteomyelitis presents for infusion. His wound culture was positive for several bacteria, including oxacillin-resistant Staphylococcus aureus. He is to receive an infusion of two antibiotics simultaneously through his previously established two lumen central catheter. (This is an add-on code: the 96365 code includes the IV discontinuation, flush and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 67%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o Physician provides and confirms orders

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o No physician post-service work

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM IDSA - Steve Schmitt, MD				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology IDSA -Infectious Diseases Society of America				
CPT Code:	96368				
Sample Size:	13260	Resp N:	59	Response: 0.4 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	5.00	66.00	1000.00
Survey RVW:	0.00	0.18	0.24	0.63	15.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	10.00	26.00	120.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process:

ZZZ Global Code

CPT Code:	96368	Recommended Physician Work RVU: 0.17		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		1.00	0.00	1.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		5.00		
Immediate Post Service-Time:	0.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00

Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96375	ZZZ	0.10	RUC Time

CPT Descriptor Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug

(List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469
<u>CPT Descriptor 1</u> Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93010	XXX	0.17	RUC Time	1,926,178

CPT Descriptor 2 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96411	ZZZ	0.20	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, each additional substance/drug

(List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 3.2 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> 96368	<u>Key Reference CPT Code:</u> 96375	<u>Source of Time</u> RUC Time
Median Pre-Service Time	1.00	1.00	
Median Intra-Service Time	5.00	3.00	
Median Immediate Post-service Time	0.00	0.00	

Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	6.00	4.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.90	3.80
Urgency of medical decision making	4.00	3.90

Technical Skill/Physical Effort (Mean)

Technical skill required	4.00	3.78
Physical effort required	3.22	3.22

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.10	4.00
Outcome depends on the skill and judgment of physician	4.30	4.20
Estimated risk of malpractice suit with poor outcome	4.30	4.40

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	0.00	0.00
Intra-Service intensity/complexity	3.20	3.10
Post-Service intensity/complexity	0.00	0.00

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96365 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*) and 96367 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour*) were identified as a potentially misvalued codes through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96366 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour*) and 96368 (*Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion*), as part of the infusion code family. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

Code 96368 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH), the Society for Infectious Diseases Society of America (ISDA) and the American College of Rheumatology (ACR) conducted a joint on-line survey of Code 96365, 96366, 96367 and 96368. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH, ISDA and ACR RVS consensus panel (joint panel) reviewed and discussed the work survey results. There were 59 responses to the survey for code 96367 and the median performance rate was 5 procedures.

Time Discussion

Currently, 1 minute is assigned as pre time and 3 minutes are assigned as intra time for total time of 4 minutes. As this is an add-on code, we did not survey for pre and post time using the standard ZZZ survey tool. Not surveying for pre time, for CPT 96367 or CPT 96368, was an oversight as these services do have pre-service work, as noted in our pre-service description of work. In contrast with code 96366 used to report an intravenous infusion time beyond the first hour of the same drug, code 96368 involves infusion of an additional infusion of a different drug/substance for which the physician needs to confirm the order and calculate the dosage and check for potential interactions. This adds some pre time over and above that assigned to the initial infusion (code 96365). The joint panel reviewed the survey median intra service time (10 minutes) as well as the 25th percentile intra time (5 minutes). The panel is recommending 5 minutes consistent with the 25th percentile of time data. Therefore, the joint panel recommends accepting the current pre time 1 minute and intra survey time 5 minutes, for a total time of 6 minutes, which appropriately maintains the relativity for the services in the family.

Work Discussion

Code 96368 is currently assigned an RVW of 0.17. The median survey RVW was 0.24 and the 25th percentile RVW was 0.18. The joint panel agreed that there was no compelling evidence to support a higher RVU and recommends that the current RVW of 0.17 be maintained. The key reference code most frequently selected for this survey is code 96375, Therapeutic, prophylactic or diagnostic injection, each additional sequential intravenous push of a new substance/drug. The reference code is assigned an RVW of 0.10 and pre time of 1 minute and intra time of 3 minutes. The intensity/complexity of the surveyed code was given higher rankings for most of the measures. Given the higher intra time and the higher rating of complexity, we think the survey data supports the recommended RVW of 0.17.

To provide further support, we compared the surveyed code to two MPC codes: code 96401 and code 96411. Code 96401 is defined as Chemotherapy administration, subcutaneous or intramuscular, non-hormonal, anti-neoplastic, and is assigned an RVW of 0.21 and pre time of 3 minutes, intra time of 4 minutes and post time of 2 minutes. Code 96411, is defined as Chemotherapy administration, intravenous, push technique each additional substance/drug, and is assigned an RVW of 0.20 and pre time of 3 minutes and intra time of 4 minutes. Another reference CPT which we think supports

the recommended RVW is Code 93010, Electrocardiogram interpretation and report, with an RVW of 0.17 and 4 minutes of intra time.

In summary, we recommend a RVW of 0.17 which is the current value for 96368 with a pre service time 1 minutes, intra service time 5 minutes, and post time 0 minutes for a total time 6 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96365; Add-on code +96366, +96367, +96378

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96368

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty Infectious Diseases Society of America How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 596532

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology	Frequency 417572	Percentage 69.99 %
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Specialty Medical Oncology	Frequency 113341	Percentage 18.99 %
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Specialty Infectious Disease	Frequency 11931	Percentage 2.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 198,844 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology	Frequency 139191	Percentage 70.00 %
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Specialty Medical Oncology	Frequency 37780	Percentage 18.99 %
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Specialty Infectious Disease	Frequency 3977	Percentage 2.00 %
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96368

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Intravenous Infusion Therapy

TAB: 28

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
Key REF	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	17	0.021			0.24			11	4			5			2					
CURRENT	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		0.024			0.21			9	2			5			2					
SVY-T	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	68	-0.009	0.08	0.24	0.43	0.97	20.00	40	15	0	5	15	30	90	10	0	0	28	110	10000
REC	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		0.024	0.21					9	2			5			2					

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
Key REF	96361	Intravenous infusion, hydration; each additional hour	18	0.030			0.09			3				3								
CURRENT	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour		0.060			0.18			3				3								
SVY- T	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour	68	0.020	0.01	0.14	0.20	0.41	25.00	10		0	5	10	20	120		0	0	10	99	5000
REC	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour		0.036	0.18					5				5								

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
KEY REF	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug	17	0.026			0.10			4	1			3								
CURRENT	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour		0.034			0.19			6	1			5								
SVY- T	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour	61	0.025	0.00	0.18	0.25	0.55	3.06	10		0	5	10	20	120		0	0	10	200	5000
REC	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour		0.034	0.19					6	1			5								

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
Key REF	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug	10	0.026			0.10			4	1			3								
CURRENT	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion		0.049			0.17			4	1			3								
SVY- T	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion	59	0.024	0.00	0.18	0.24	0.63	15.00	10		0	5	10	26	120		0	0	5	66	1000
REC	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion		0.030	0.17					6	1			5								

**AMA/Specialty Society Update Process
 Practice Expense Summary of Recommendation
 Non Facility Direct Inputs**

CPT Long Descriptor:

96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities

Coordinate with physician on infusion, confirming drugs to be infused and dosage, obtaining update on patient's condition, and ensuring appropriate lab work is ordered.

Service Clinical Labor Activities

Review charts - obtain medical history

Nurse verifies patient information and reviews current course of treatment and diagnosis. Reviews the patient and treatment history and looks for complications or treatment related toxicities noted in the medical record. Verifies allergies and any previous reactions or side effects, and treatment related toxicities. Nurse reviews the list of prescribed medications and reviews lab values that include complete blood count chemistries and imaging studies.

Greet patient/escort to infusion suite

Nurse greets patient and escorts them to the infusion suite/infusion chair. While escorting the patient, the nurse assesses and observes the patient. Verifies with patient or caregiver the current medication information including prescribed current medications, over-the-counter medications, and complementary/alternative medications. Nurse then settles patient in the infusion chair.

Obtain vital signs

Nurse obtains the following vital signs: blood pressure, temperature, pulse, and weight.

Preparation of room, equipment, supplies

Nurse gathers supplies for drug infusion, which includes equipment to access the PICC/vascular access device (VAD) and personal protective equipment (gloves, gown, mask/goggles).

Prepare and position patient

Nurse prepares and positions patient. Ensures the chair is positioned and clears area of any obstacles to ensure the safety of patient. Confirms patient is prepared (used bathroom, has juice and crackers on hand).

Mix drug

Nurse or personnel approved by the practice/institution to prepare drug. Nurse verifies medication interactions and verifies orders. Nurse calculates dose. Orders are reviewed and verified by a second independent practitioner. Nurse assembles supplies for mixing drug and puts on personal protective equipment. Prepares labels and documents lot numbers and expiration dates. Nurse reconstitutes drug.

Preparation of pump

Nurse prepares the pump. Verifies the pump is plugged in and functioning. Verifies the battery back-up is functional. Nurse assesses the program settings. Tests the alarm volume. Clears the area of any obstacles for safety of patient mobility (such as access to the bathroom). Nurse reviews the pump safety measures with the patient (educates the patient about alarms and mobility with pump).

Intra-service:**Perform procedure**

Nurse accesses PICC/vascular access device (VAD) and establishes patency. Nurse monitors patient for the first five minutes to assess patient response or tolerance, then obtains 2 vitals approximately every 20 minutes. Nurse removes IV/hemostasis.

Clean room/equipment (by physician staff)

Nurse disconnects pump and removes tubing from pump. The pump and infusion chair are disinfected. The area is cleaned and materials are disposed of in a hazardous waste container.

Post procedure education/Check dressings & wound/Home care instructions/Coordinate office visits/prescriptions

Nurse reviews with patient medication side effects. Advises how to contact the practice or organization and who should be called in specific circumstances. Nurse provides overview of symptom management (disease, fever, reactions, nausea) and which symptoms should trigger a call to the physician/practice. Instructions are provided to the patient on IV site and PICC/vascular access device (VAD) care. Prescriptions are discussed with patient. Nurse verifies a follow up visit/appointments.

Post-Service Clinical Labor Activities

Nurse conducts follow up phone calls to assess toxicity and calls in prescriptions.

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Service Clinical Labor Activities

Obtain vital signs

Nurse obtains the following vital signs: blood pressure, temperature, pulse, and weight.

Intra-service:

Perform procedure

Nurse verifies infusion rate. Monitors patient and obtains vital signs approximately every 20 minutes.

**AMA/Specialty Society Update Process
 Practice Expense Summary of Recommendation
 Non Facility Direct Inputs**

CPT Long Descriptor:

96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Service Clinical Labor Activities

Mix drug

Nurse or personnel approved by the practice/institution to prepare drug. Nurse verifies medication interactions and orders. Orders are reviewed and verified by a second independent practitioner. Nurse assembles supplies for mixing drug and puts on personal protective equipment. Prepares labels and documents lot numbers and expiration dates. Nurse reconstitutes drug.

Intra-service:

Perform procedure

Nurse verifies infusion rate. Patient is monitored by nurse for the first five minutes to assess patient response or tolerance, then obtains 2 vitals approximately every 20 minutes. Nurse flushes line or vascular access device (VAD).

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Service Clinical Labor Activities

Mix drug

Nurse verifies medication interactions and orders. Nurse assembles supplies for mixing drug. Prepares labels and documents lot numbers and expiration dates. Nurse reconstitutes drug.

Intra-service:

Perform procedure

Nurse starts IV or access port/PICC. Sets infusion rate. Nurse flushes line or access device.

	A	B	C	D	E	F	G	J	K	L	M
1				REFERENCE CODE		REFERENCE CODE					
2				96365		96365		96366		96366	
3	Meeting Date: January 2013 RUC Meeting Tab: 28 Revised 1/24/13 Specialty: American Society of Clinical Oncology, American Society of Hematology, American College of Rheumatology, Infectious Diseases Society of America	CMS Code	Staff Type	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		each additional hour (List separately in addition to code for primary procedure)		each additional hour (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		ZZZ		ZZZ	
6	TOTAL CLINICAL LABOR TIME			50.0	0.0	47.0	0.0	12.0	0.0	9.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L056A	RN/OCN	6.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L056A	RN/OCN	41.0	0.0	42.0	0.0	12.0	0.0	9.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L056A	RN/OCN	3.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L056A	RN/OCN	3		2		0			
13	Coordinate pre-surgery services	L056A	RN/OCN	3		0		0			
14	End: When patient enters office/facility for surgery/procedure										
15	SERVICE PERIOD										
16	Start: When patient enters office/facility for surgery/procedure:										
17	Review charts - obtain medical history			2		0					
18	Greet patient and escort to infusion suite	L056A	RN/OCN	2		3					
19	Obtain vital signs	L056A	RN/OCN	3		3		3		2	
20	Provide pre-service education/obtain consent	L056A	RN/OCN	3		0					
21	Prepare room, equipment, supplies	L056A	RN/OCN	2		2					
22	Prepare and position patient	L056A	RN/OCN	2		2					
23	Mix drug (lines 24- 31)	L056A	RN/OCN								
24	Verify medication interaction			1		1					
25	Verify orders			1		1					
26	Calculate dose					1					
27	Second verification orders					1					
28	Assemble supplies			1		1					
29	Prep labels			1		1					
30	Document lot # and expiration date			1		1					
31	Reconstitute drug			2		2					
32	Prep pump					5					
33	Intra-service										
34	Perform procedure (lines 35-39)	L056A	RN/OCN								
35	Start IV or access port/PICC			2		1					
36	Sets rate			2		1		1		1	
37	Monitor during service			7		0		8		0	
38	1st 5min. @1 min./1 min.					5				0	
39	Check patient (2 vitals approximately every 20 minutes)					4				6	
40	Remove IV/hemostasis			1		1					
41	Flush line										
42	Monitor pt. following service/check tubes, monitors, drains	L056A	RN/OCN								
43	Clean room/equipment by physician staff	L056A	RN/OCN	3		3					
44	Complete medical record documentation	L056A	RN/OCN	2		0					
45	Post procedure education/ Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L056A	RN/OCN	3		3					
46	End: Patient leaves office										
47	POST-SERVICE Period										
48	Start: Patient leaves office/facility										
49	Conduct phone calls/call in prescription	L056A	RN/OCN	3		3					
56	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
57	Other Clinical Activity - specify:										
58	End: with last office visit before end of global period										

	A	B	C	D	E	F	G	J	K	L	M
1				REFERENCE CODE			REFERENCE CODE				
2				96365		96365		96366		96366	
3	Meeting Date: January 2013 RUC Meeting Tab: 28 Revised 1/24/13 Specialty: American Society of Clinical Oncology, American Society of Hematology, American College of Rheumatology, Infectious Diseases Society of America	CMS Code	Staff Type	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour		each additional hour (List separately in addition to code for primary procedure)		each additional hour (List separately in addition to code for primary procedure)	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		ZZZ		ZZZ	
59	MEDICAL SUPPLIES			CODE	UNIT						
60	paper, exam table	SB036	foot	7		0					
61	gloves, non-sterile	SB022	pair	2		1		1		0	
62	cover, thermometer probe	SB004	item	1		1					
63	swab-pad, alcohol	SJ053	item	2		2					
64	bandage, strip 0.75in x 3in	SG021	item	1		0					
65	iv infusion set	SC018	item	1		1					
66	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	1		1					
67	syringe 10-12ml	SC051	item	1		1					
68	angiocatheter 14g-24g	SC001	item	1		0					
69	gauze, non-sterile 2in x 2in	SG050	item	2		2					
70	dressing, 4in x 4.75in (Tegaderm)	SG037	item			1					
71	bandage, elastic, self-adherent wrap 1in (Coban)	SG014	item	1		0					
72	heparin 1,000 units-ml inj	SH039	ml			1					
73	cup, drinking	SK018	item			0				0	
74	juice, apple, 1 oz	SK042	oz			0				0	
75	graham crackers, 1 packet	SK040	item			0				0	
76	EQUIPMENT			CODE							
77	biohazard hood	EP016									
78	table, exam	EF023		41		0		60		0	
79	IV infusion pump	EQ032		41		60		60		60	
80	chair, medical recliner	EF009				60				60	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedural Codes/ Codes Reported Together

January 2013

Chemotherapy Administration

In the July 19, 2011 Proposed Rule for the 2012 Medicare Fee Schedule, CMS requested that the RUC review high expenditure procedural codes. In January 2012, the RUC recommended that these services be surveyed for physician work and PE for the January 2013 RUC meeting.

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

The RUC reviewed survey results from 79 hematology, rheumatology and oncology physicians and determined that the current work RVU of 0.28 appropriately accounts for the physician work required to perform this service. The RUC agreed with the specialties' recommendation to maintain the current times of 4 minutes pre-service, 7 minutes intra-service and 2 minutes post-service. The RUC compared the surveyed service to key reference service CPT code 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug* (work RVU=0.24, 4 minutes pre-service, 5 minutes intra-service, 2 minutes post-service) and agreed with the survey respondents that 96409 requires less physician time to perform and is less intense and complex than 96413, accounting for the lower work value. For additional support the RUC also compared the surveyed service to MPC CPT code 96401 *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic* (work RVU=0.21, 4 minutes pre-service, 3 minutes intra-service, 2 minutes post-service) and noted that 96413 has a higher intensity and complexity than code 96401 and has a greater amount of physician time, accounting for the higher work value. **The RUC recommends a work RVU of 0.28 for CPT code 96413.**

96415 Chemotherapy administration, intravenous infusion technique; each additional hour

The RUC reviewed survey results from 79 hematology, rheumatology and oncology physicians and determined that the current work RVU of 0.19 appropriately accounts for the physician work required to perform this add-on service. The RUC agreed with the specialties' recommendation to maintain the current time of 5 minutes intra-service, which is consistent with the survey 25th percentile. The RUC compared the surveyed service to key reference service CPT code 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug*, (RVW 0.24, 4 minutes pre-service, 5 minutes intra-service, 2 minutes post-service) and noted that the codes have identical intra-service time, however 96415 has less total time, accounting for the lower work value. For additional support the RUC also compared 96415 to MPC code 96402 *Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic* (work RVU=0.19, 4 minutes pre-service, 3 minutes intra-service, 2 minutes post-service) and noted that although 96402 has more total time, it is less intense to perform accounting for the identical work value. Additionally, the increment work value increase of 0.02 between the comparison codes 96402 and 96401 to 96415 and 96417 respectively, reflects the identical work values. **The RUC recommends a work RVU of 0.19 for CPT code 96415.**

96417 Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour

The RUC reviewed survey results from 66 hematology, rheumatology and oncology physicians and determined that the current work RVU of 0.21 appropriately accounts for the physician work required to perform this add-on service. As this is an add-on code, the specialty societies did not survey for pre and post time, however, this was an oversight as this service does have pre-service work. The service involves an infusion of an additional drug for which the physician needs to confirm the order and calculate the dosage. This adds some pre-service time over and above that assigned to the initial infusion, CPT code 96413. The RUC agreed with the specialties' recommendation to maintain the current times of 2 minutes pre-service and 6 minutes intra-service. The RUC noted that CPT code 96417 is billed more than 50% of the time with an Evaluation and Management service, however the physician times associated with these codes are direct supervision and interactions with clinical staff, rather than face-to-face with the patient, so the Evaluation and Management physician time does not overlap with the service physician time. The RUC compared the surveyed service to key reference service CPT code 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug* (RVW 0.24, 4 minutes pre-service, 5 minutes intra-service, 2 minutes post-service) and noted that the codes have identical intra-service time, however 96417 has less total time, accounting for the lower work value. For additional support the RUC also compared 96417 to 96401 *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*, (work RVU=0.21, 4 minutes pre-service, 3 minutes intra-service, 2 minutes post-service) and noted that although 96401 has more total time, it is less intense to perform accounting for the identical work value. Additionally, the increment work value increase of 0.02 between the comparison codes 96402 and 96401 to 96415 and 96417 respectively, reflects the identical work values. **The RUC recommends a work RVU of 0.21 for CPT code 96417.**

Practice Expense: The Practice Expense Subcommittee made modifications to the direct practice expense inputs for CPT code 96413: line 12 complete pre-service diagnostic and referral forms reduced from 3 to 2 minutes; line 13 coordinate pre-surgery services reduced from 3 to 0 minutes; line 29 calculate BSA reduced from 1 to 0 minutes; line 36 maintain MSDS reduced from 1 to 0 minutes. For CPT code 96417 line 36 maintain MSDS was reduced from 1 to 0 minutes. For CPT codes 96413, 96415 and 96417 the following supplies were removed: juice, apple, 1 oz (SK042), cup, drinking (SK018) and graham crackers, 1 packet (SK040). Also for CPT code 96413, the specialty recommended 8 minutes for nurse education and the RUC determined that 5 minutes was more appropriate for the time necessary for this activity. The RUC recommends the direct practice expense inputs with modifications as approved by the Practice Expense Subcommittee.

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
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96413		Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	XXX	0.28 (No Change)
96415		Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	ZZZ	0.19 (No Change)
96417		Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	ZZZ	0.21 (No Change)

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

CPT Code: 96413 Tracking Number

Original Specialty Recommended RVU: **0.28**Presented Recommended RVU: **0.28**

Global Period: XXX

RUC Recommended RVU: **0.28**

CPT Descriptor: Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: This procedure is initiated for a 64 year old woman with ovarian cancer or rheumatoid arthritis. The patient has a venous access device in place.

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

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o Physician provides and confirms orders
- o Physician interacts and reviews plan with staff
- o Physician confirms and reviews any appropriate lab results as necessary
- o Physician calculates dose

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o Physician provides appropriate instructions regarding immediate care
- o Physician provides minimal instructions regarding ongoing care
- o Physician conducts appropriate interactions with staff regarding patient monitoring

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology				
CPT Code:	96413				
Sample Size:	12560	Resp N:	79	Response: 0.6 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	113.00	549.00	2500.00
Survey RVW:	0.17	0.30	0.85	1.38	3.50
Pre-Service Evaluation Time:			15.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	10.00	20.00	120.00
Immediate Post Service-Time:	<u>10.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: XXX Global Code

CPT Code:	96413	Recommended Physician Work RVU: 0.28		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		4.00	0.00	4.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		7.00		
Immediate Post Service-Time:	<u>2.00</u>			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00		
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00		
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00		

Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96409	XXX	0.24	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, single or initial substance/drug**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469
<u>CPT Descriptor 1</u> Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74020	XXX	0.27	RUC Time	797,890

CPT Descriptor 2 Radiologic examination, abdomen; complete, including decubitus and/or erect views.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code: 32 % of respondents: 40.5 %****TIME ESTIMATES (Median)**

	<u>CPT Code:</u> 96413	<u>Key Reference CPT Code:</u> 96409	<u>Source of Time</u> RUC Time
Median Pre-Service Time	4.00	4.00	
Median Intra-Service Time	7.00	5.00	
Median Immediate Post-service Time	2.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	13.00	11.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key
Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	4.00	3.84
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.06	3.97
--	------	------

Urgency of medical decision making	3.87	3.65
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Technical Skill/Physical Effort (Mean)

Technical skill required	3.68	3.61
--------------------------	------	------

Physical effort required	2.74	2.71
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.26	4.19
---	------	------

Outcome depends on the skill and judgment of physician	4.10	4.06
--	------	------

Estimated risk of malpractice suit with poor outcome	3.94	3.90
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.53	3.38
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Intra-Service intensity/complexity	3.41	3.34
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Post-Service intensity/complexity	2.81	2.72
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96413 (*Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*) was identified as a potentially misvalued code through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96415 and CPT 96417, as part of a chemotherapy family review with the plan to survey for the January 2013 RUC meeting. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

96413 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO), the American Society of Hematology (ASH) and the American College of Rheumatology (ACR) conducted a joint on-line survey of 96413, 96415 and 96417. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH and ACR RVS consensus panel (joint panel) reviewed and discussed the work survey results. The joint panel was pleased that there were 79 responses to the survey request with a median performance rate of 113 studies per year.

Time Discussion

The joint panel reviewed the survey median times (15 pre, 10 intra, 10 post) as well as the 25th percentile times (10 pre, 5 intra, 5 post). The current times are 4 minutes pre, 7 minutes intra and 2 minutes post. The joint panel, on unanimous consensus, believes these services have not fundamentally changed since 2005 and agreed to the following: 4 minutes for pre time (to be consistent with the current time and based on the pre-service), 7 minutes for intra time (which is the current intra time less than the median time, and 2 minutes for post time (based on the 25th percentile of the survey data).

Work Discussion

The joint panel reviewed the survey median work (RVW 0.85) as well as the 25th percentile (RVW 0.30) compared to the current value (RVW 0.28). The consensus panel agreed maintaining the current RVW 0.28 consistent with our recommendations for time was most appropriate. The joint panel discussed potential compelling evidence arguments to support the survey median or 25th percentile results. These codes were surveyed in response to the RAW request, but we believe these procedures have not fundamentally changed over the years. Therefore, as there was insufficient compelling evidence for higher than current values for 96413, we recommend maintaining the current values.

We believe the reference service code chosen by the survey respondents, CPT 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug*, (RVW 0.24) has slightly lower work intensity and complexity than 96413, and as the survey correctly reflects this point, in all the intensity complexity measures with the risk of complications showing the highest variation as we would expect in comparing these two services. Furthermore, there is increased interaction between the infusion nursing personnel and the physician during this service compared to 96409 appropriately preserving rank order amount the services. Therefore, all these elements considered, they continue to support maintaining the current values.

To provide further evidence, we compared 96413 to MPC code CPT 96401 (*Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*), (RVW 0.21, times; pre 4, Intra 3, Post 2 minutes) and MPC code CPT 74020, Interpretation of an X-ray of the abdomen, which is assigned an RVW of 0.27 and pre, intra and post time of 1, 5 and 1 minute). Code 96401 represents a subcutaneous or intramuscular injection as opposed to a one-hour infusion. We believe that Code 96413 has a higher intensity and complexity than Code 96401 and has a greater amount of physician time. Thus, the joint panel would agree that 96413 should be valued slightly higher than 96401 and minimally higher (0.01 RVU) than CPT MPC 74020, which we think would preserve the appropriate rank order.

In summary, we recommend a RVW of 0.28 which is the current value for 96413 with a pre service time 4 minutes, intra service time 7 minutes, and post time 2 minutes for a total time 13 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96413; Add-on code +96415, +96417

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96413

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

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty American College of Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 6662520

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology	Frequency 3731011	Percentage 55.99 %
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Specialty Medical Oncology	Frequency 1132628	Percentage 16.99 %
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Specialty Rheumatology	Frequency 999378	Percentage 15.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,220,840 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology	Frequency 1243670	Percentage 55.99 %
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Specialty Medical Oncology	Frequency 377543	Percentage 17.00 %
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Specialty Rheumatology	Frequency 333126	Percentage 15.00 %
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96413

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 96415 Tracking Number

Original Specialty Recommended RVU: **0.19**Presented Recommended RVU: **0.19**

Global Period: XXX

RUC Recommended RVU: **0.19**

CPT Descriptor: Chemotherapy administration, intravenous infusion technique; each additional hour
(List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously started infusion is continued for a 64 year old woman with ovarian cancer or rheumatoid arthritis. The patient has a venous access device in place. (This is an add-on code: the 96413 code includes the IV discontinuation, flush and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 91%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o No physician pre-service work

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o No physician post-service work

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology				
CPT Code:	96415				
Sample Size:	12560	Resp N:	79	Response: 0.6 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	98.00	309.00	1800.00
Survey RVW:	0.06	0.20	0.26	0.60	1.85
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	10.00	15.00	120.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: ZZZ Global Code

CPT Code:	96415	Recommended Physician Work RVU: 0.19		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		5.00		
Immediate Post Service-Time:	0.00			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00		
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00		
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00		

Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96409	XXX	0.24	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, single or initial substance/drug**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96402	XXX	0.19	RUC Time	455,467

CPT Descriptor 1 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469

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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96411	ZZZ	0.20	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code: 18 % of respondents: 22.7 %****TIME ESTIMATES (Median)**

	<u>CPT Code:</u> 96415	<u>Key Reference CPT Code:</u> 96409	<u>Source of Time</u> RUC Time
Median Pre-Service Time	0.00	4.00	
Median Intra-Service Time	5.00	5.00	
Median Immediate Post-service Time	0.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	5.00	11.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.72	3.61
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.61	3.56
Urgency of medical decision making	3.78	3.72

Technical Skill/Physical Effort (Mean)

Technical skill required	3.29	3.41
Physical effort required	2.59	2.65

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.06	3.89
Outcome depends on the skill and judgment of physician	3.89	3.83
Estimated risk of malpractice suit with poor outcome	4.11	3.94

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity		
Intra-Service intensity/complexity	4.06	3.72
Post-Service intensity/complexity		

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96413 (*Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*) was identified as a potentially misvalued code through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96415 and CPT 96417, as part of a chemotherapy family review with the plan to survey for the January 2013 RUC meeting. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

96415 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH) and the American College of Rheumatology (ACR) conducted a joint on-line survey of 96413, 96415 and 96417. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH and ACR RVS consensus panel (joint panel) reviewed and discussed the work survey results. The joint panel was pleased that there were 79 responses to the survey request. The median performance rate was 98 studies.

Time Discussion

The joint panel reviewed the survey median intra service time (10 minutes) as well as the 25th percentile intra time (5 minutes) and found the 25th percentile to be representative and consistent with the current time value. The joint panel, on unanimous consensus as with the entire Tab 29 family of CPT codes, believes these services have not fundamentally changed since 2005. The joint panel therefore recommends accepting the 25th percentile of 5 minutes which is the current time. There is no pre or post time for this add-on code.

Work Discussion

The joint panel reviewed the add-on code survey median work (RVW 0.28) as well as the 25th percentile (RVW 0.20) compared to the current value (RVW 0.19). The consensus panel agreed maintaining the current RVW 0.19 consistent with our recommendations for time was most appropriate. The joint panel agreed that there was no compelling evidence to support a higher RVU and recommends that the current RVW of 0.19 be maintained. We believe the reference service code chosen by the survey respondents, CPT 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug*, (RVW 0.24) has slightly lower work intensity and complexity than 96415 which is consistent with the survey results which showed higher complexity/intensity on 7 of the 9 measures on the survey including overall higher complexity on overall intra time.

To provide further support, we compared add-on code 96415 to MPC XXX code CPT 96402 (*Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic*) (RVW 0.19, times; pre 4, Intra 3, Post 2 minutes) and CPT 96401 (*Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*), (RVW 0.21, times; pre 4, Intra 3, Post 2 minutes) and MPC ZZZ code CPT 96411 (*Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)*, (RVW 0.20, times; pre 3, Intra 4, Post 0 minutes). We believe that Code 96415 which is a per hour infusion is of greater complexity than these injection codes. In addition, the intra time for this code is slightly higher although the total time is slightly less. As noted above, there is no compelling evidence supporting a change in the current work value and considering the time and complexity believe that the current value of 0.19 is appropriate and retains the proper rank order within the family as well as these MPC codes.

In summary, we recommend a RVW of 0.19 which is the current value for 96415 with a pre service time 0 minutes, intra service time 5 minutes, and post time 0 minutes for a total time 5 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96413; Add-on code +96415, +96417

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96415

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty American College of Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 3933612

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology	Frequency 1966806	Percentage 50.00 %
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Specialty Medical Oncology	Frequency 550706	Percentage 14.00 %
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Specialty Rheumatology	Frequency 865395	Percentage 22.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,311,204 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology	Frequency 655602	Percentage 50.00 %
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Specialty Medical Oncology	Frequency 183569	Percentage 14.00 %
----------------------------	------------------	--------------------

Specialty Rheumatology	Frequency 288465	Percentage 22.00 %
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Do many physicians perform this service across the United States? Yes

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96415

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

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

CPT Code: 96417 Tracking Number

Original Specialty Recommended RVU: **0.21**Presented Recommended RVU: **0.21**

Global Period: XXX

RUC Recommended RVU: **0.21**

CPT Descriptor: Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 64 year old female with ovarian cancer presents for infusion. She has completed infusion of one chemotherapy drug and is now infused with a second drug through her implanted venous access device. (This is an add-on code: the 96413 code includes the IV discontinuation, flush and discharge process.)

Percentage of Survey Respondents who found Vignette to be Typical: 93%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work:

- o Physician confirms orders
- o Physician conducts reassessment of patient status prior to commencing new drug infusion
- o Physician calculates dose

Description of Intra-Service Work:

- o Physician provides direct supervision and is immediately available in office
- o Physician periodically assesses patient and patient's response to treatment, typically through communication with the nurse

Description of Post-Service Work:

- o No physician post-service work

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2013				
Presenter(s):	ASCO -David H. Regan, MD, FASCO ASH - Samuel M. Silver, MD, PhD, FASCO ACRh - Alfonso E. Bello, MD, MHS, FACP, FACR, DABPM				
Specialty(s):	ASCO- American Society of Clinical Oncology ASH - American Society of Hematology ACRh- American College of Rheumatology				
CPT Code:	96417				
Sample Size:	12560	Resp N:	66	Response: 0.5 %	
Description of Sample:	Random, each society listed above selected a random representative sample of practicing physician members.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	5.00	244.00	1500.00
Survey RVW:	0.00	0.24	0.50	0.97	3.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	3.00	10.00	15.00	120.00
Immediate Post Service-Time:	<u>0.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00			

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process: ZZZ Global Code

CPT Code:	96417	Recommended Physician Work RVU: 0.21		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		2.00	0.00	2.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		6.00		
Immediate Post Service-Time:	<u>0.00</u>			
Post Operative Visits	Total Min**	CPT Code and Number of Visits		
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00		
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00		
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00		

Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96409	XXX	0.24	RUC Time

CPT Descriptor Chemotherapy administration; intravenous, push technique, single or initial substance/drug**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96402	XXX	0.19	RUC Time	455,467

CPT Descriptor 1 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96401	XXX	0.21	RUC Time	377,469

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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by the mean) of the service you are rating to the key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.****Number of respondents who choose Key Reference Code: 21 % of respondents: 31.8 %****TIME ESTIMATES (Median)**

	CPT Code: 96417	Key Reference CPT Code: 96409	Source of Time RUC Time
Median Pre-Service Time	2.00	4.00	
Median Intra-Service Time	6.00	5.00	
Median Immediate Post-service Time	0.00	2.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	8.00	11.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)**(of those that selected Key Reference code)****Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	4.19	4.00
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.19	4.05
--	------	------

Urgency of medical decision making	4.14	3.90
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.10	3.95
--------------------------	------	------

Physical effort required	2.90	2.90
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.33	4.33
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Outcome depends on the skill and judgment of physician	4.29	4.19
--	------	------

Estimated risk of malpractice suit with poor outcome	4.05	4.05
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity		
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Intra-Service intensity/complexity	4.05	3.86
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Post-Service intensity/complexity		
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

Background

As a result of the RUC Relativity Assessment Workgroup (RAW), formerly the Five-Year Review Identification Workgroup, CPT 96413 (Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial

substance/drug) was identified as a potentially misvalued code through the CMS High Expenditure Procedural Codes screen. The societies presented an action plan to include CPT 96415 and CPT 96417, as part of a chemotherapy family review with the plan to survey for the January 2013 RUC meeting. These services have previously been surveyed and RUC reviewed in September 2004, with CMS published work RVUs for G codes (based on the September 2004 RUC recommendations) effective January 2005, in 2006 the G codes were deleted and the new 2006 CPT codes adopted, and CMS maintained the 2005 work RVUs.

96417 Survey Results & Recommendations:

The American Society of Clinical Oncology (ASCO) the American Society of Hematology (ASH) and the American College of Rheumatology (ACR_h) conducted a joint on-line survey of 96413, 96415 and 96417. Physician advisors and staff met in-person to review the survey work data and develop practice expense recommendations. The joint ASCO, ASH and ACR_h RVS consensus panel (joint panel) reviewed and discussed the work survey results. The joint panel was pleased that there were 66 responses to the survey request. The median performance rate was 5 studies per year, and understandable considering the relatively lower volume to the other codes in this family.

Time Discussion

Currently, 2 minutes are assigned as pre time and 6 minutes are assigned as intra time for total time of 8 minutes. As this is an add-on code, we did not survey for pre and post time using the standard ZZZ survey tool. Not surveying for pre time, for CPT 96417, was an oversight as this service does have pre-service work, as noted in our pre-service description of work. The joint panel reviewed the survey median intra service time (10 minutes) as well as the 25th percentile intra time (3 minutes). In contrast with code 96415 used to report infusion time beyond the first hour of the same drug, code 96417 involves an infusion of an additional drug for which the physician needs to confirm the order and calculate the dosage. This adds some pre time over and above that assigned to the initial infusion (code 96413). The panel found the 25th percentile to be low and the median slightly high therefore we recommend maintain the current intra time of 6 minutes. The joint panel, on unanimous consensus as with the entire Tab 29 family of CPT codes, believes these services have not fundamentally changed since 2005. The joint panel therefore recommends accepting the current pre time 2 and intra time 6 for a total time of 8 minutes, which appropriately maintains the relativity for the services in the family.

Work Discussion

The joint panel reviewed the survey median work (RVW 0.50) as well as the 25th percentile (RVW 0.24) compared to the current value (RVW 0.21). The consensus panel agreed that there was no compelling evidence to seek a change in the current RVW 0.21 and recommend that it be maintained.

The reference code chosen by the survey respondents, CPT 96409 *Chemotherapy administration; intravenous, push technique, single or initial substance/drug*, (RVW 0.24) has pre time of 4 minutes, 5 minutes of intra time and 2 minutes of post time compared to 8 minutes of intra time only for the surveyed code. The intensity and complexity measures were ranked higher for the majority of the measures and equal on several other measures. Given the similarity in time with the reference code, the higher complexity of the surveyed code, we think the recommendation to maintain the current value of 0.21 is supported by the survey data.

To provide further evidence, we compared add-on code 96417 to MPC code and MPC code CPT add-on code 96402 (*Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic*) (RVW 0.19, times; pre 4, Intra 3, Post 2 minutes) and CPT 96401 (*Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic*), (RVW 0.21, times; pre 4, Intra 3, Post 2 minutes). While we might argue that Code 96417 should be ranked slightly higher than these 2 injection codes on the basis of higher intra time and complexity, we do not think that there is compelling evidence to seek an increase above the current value of 0.21.

In summary, we recommend a RVW of 0.21 which is the current value for 96417 with a pre service time 2 minutes, intra service time 6 minutes, and post time 0 minutes for a total time 8 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Base code: 96413; Add-on code +96415, +96417

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96417

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

Specialty American Society of Clinical Oncology How often? Commonly

Specialty American Society of Hematology How often? Commonly

Specialty American College of Rheumatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1759377

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database Times 3

Specialty Hematology/Oncology Frequency 1249158 Percentage 71.00 %

Specialty 369469 Frequency 550706 Percentage 31.30 %

Specialty other Frequency 140750 Percentage 7.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

586,459 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare 2011 RUC Database

Specialty Hematology/Oncology Frequency 416386 Percentage 71.00 %

Specialty Medical Oncology Frequency 123156 Percentage 20.99 %

Specialty other Frequency 46917 Percentage 8.00 %

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

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96417

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Chemotherapy Administration

TAB: 29

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
Key REF	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	32	0.021			0.24			11	4			5			2					
CURRENT	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		0.021			0.28			13	4			7			2					
SVY-T	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	79	0.029	0.17	0.30	0.85	1.38	3.50	35	15	0	5	10	20	120	10	0	0	113	549	2500
REC	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		0.021	0.28					13	4			7			2					

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
Key REF	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	18	0.021			0.24			11	4			5			2					
CURRENT	96415	Chemotherapy administration, intravenous infusion technique; each additional hour		0.038			0.19			5				5								
SVY- T	96415	Chemotherapy administration, intravenous infusion technique; each additional hour	79	0.028	0.06	0.20	0.28	0.60	1.85	10		0	5	10	15	120		0	0	98	309	1800
REC	96415	Chemotherapy administration, intravenous infusion technique; each additional hour		0.038	0.19					5				5								

Source	CPT	Short DESC	Resp	IWPUT	RVW					Total Time	PRE EVAL	INTRA					IMMD POST	SURVEY EXPERIENCE				
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
KEY REF	96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	21	0.021			0.24			11	4			5			2					
CURRENT	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour		0.028			0.21			8	2			6								
SVY- T	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour	66	0.050	0.00	0.24	0.50	0.97	3.00	10		0	3	10	15	120		0	0	5	244	1500
REC	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour		0.028	0.21					8	2			6								

**AMA/Specialty Society Update Process
 Practice Expense Summary of Recommendation
 Non Facility Direct Inputs**

CPT Long Descriptor:

96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities

Coordinate with physician on infusion, confirming drugs to be infused and dosage, obtaining update on patient's condition, and ensuring appropriate lab work is ordered.

Service Clinical Labor Activities

Review charts by chemo nurse regarding course of treatment & obtain chemotherapy-related medical history

Nurse verifies patient information and reviews current course of treatment and diagnosis (verifies the treatment cycle day and treatment schedule). Reviews patient and treatment history and looks for any complications or treatment related toxicities noted in medical record. Verifies allergies and any previous reactions or side effects. Nurse reviews the list of prescribed medications and reviews lab values/tests that were previously ordered (in pre-service). These include the complete blood count chemistries and imaging studies.

Greet patient and escort to chemo suite

Nurse greets patient and escorts patient to the chemotherapy infusion suite/infusion chair. While escorting the patient, the nurse assesses and observes the patient. Verifies with patient or caregiver the current medication information including prescribed current medications, over-the-counter medications, and complementary/alternative medications. Nurse then settles patient in the infusion chair.

Obtain vital signs

Nurse obtains the following vital signs: blood pressure, temperature, and pulse.

Provide pre-service education/obtain consent (Initial education of 1 hour amortized over average of 6 cycles)

Nurse reviews the treatment plan established by the physician and patient. Patient is educated about the regimen prescribed, the drug-specific toxicities and potential hypersensitivities, and reactions that require immediate attention. Nurse confirms with the patient the duration of the infusion for each drug. Verifies patient consent.

Prepare room, equipment, supplies

Nurse gathers supplies for drug infusion, which includes equipment to access the PICC/vascular access device (VAD) and nurse's personal protective equipment (gloves, gown, mask/goggles).

Prepare and position patient

Nurse prepares and positions patient. Ensures the chair is positioned and clears area of any obstacles to ensure safety of patient. Confirms patient is prepared (used bathroom, has juice and crackers on hand).

Mix chemotherapy

Nurse or personnel approved by the practice/institution to prepare chemotherapy mixes chemotherapy. Verifies medication interactions and verifies order. Nurse calculates dose. Nurse confirms cumulative dose of chemotherapy agents associated with risk of cumulative toxicity. Verifies with orders and dose recommendations. Orders are reviewed and verified by a second independent practitioner, per ASCO/ONS guidelines. Nurse assembles supplies for mixing drug and puts on personal protective equipment. Prepares label per ASCO/ONS guidelines. Documents lot numbers and expiration dates. The hood is cleaned. Nurse reconstitutes drug.

Prepare pump

Nurse prepares the pump (this is the pump that is in the office, owned by the physician, and does not leave the physician's office). Verifies the pump is plugged in and functioning. Verifies the battery back-up is functional. Nurse assesses the program settings. Tests the alarm volume. Clears the area of any obstacles for safety of patient mobility (such as access to the bathroom). Nurse reviews the pump safety measures with the patient (educates the patient about alarms and mobility with pump).

Intra-service:

Perform procedure

Nurse verifies patient identity, per ASCO/ONS guidelines. Starts IV/accesses the PICC/vascular access device (VAD) and establishes patency. A second RN/OCN verifies the accuracy of the order and nurse calculations including the drug, dose, volume, rate, and route of administration. Nurse sets the infusion rate. Nurse remains with the patient to monitor them for the first six minutes of infusion for potential reactions and/or tolerance. Ongoing assessment of the patient occurs over the remaining hour of infusion with direct patient observation at appropriate intervals. The assessment includes patient reactions and/or tolerance, assessment of the IV/VAD/PICC site, a blood pressure check, a pulse check, oxygen saturation, and respiratory rate and quality. Nurse removes IV/hemostasis. Flushes line or access device. Applies bandage/dressing.

Monitor patient following service/check tubes, monitors, drains

Nurse continues to monitor patient for adverse reactions. Conducts IV site assessment and checks for hemostasis. Nurse conducts assessment of safe post-drug administration practices.

Clean room/equipment by physician staff

Nurse disconnects pump and removes tubing from pump. The pump and infusion chair are disinfected. The area is cleaned and materials are disposed of in a hazardous waste container.

Complete medical record documentation, diagnostic forms, lab and X-ray requisitions

Nurse completes an infusion flow sheet, which includes: drug/dose, solution/volumes, infusion start/stop times, and cumulative dose. Lab orders required for interim care and next treatment are prepared. The patient's vital signs and tolerance of treatment are documented. Instructions provided to patient are noted, along with the level of patient understanding. Nurse documents prescriptions provided.

Post procedure education/conditions for which patient should call office (side effects, complications) home/Home care instructions/Coordinate office visits/prescriptions

Nurse reviews with patient drug related toxicities and medication side effects. Advises how to contact the practice or organization and who should be called in specific circumstances. Nurse provides overview of symptom management (disease, fever, reactions, nausea) and which symptoms should trigger a call to the physician/practice. Instructions are provided to the patient on IV site and PICC/vascular access device (VAD) care. Prescriptions are discussed with patient. Nurse provides family education and verifies a follow up visit/appointments. Nurse determines need for home health care services.

Post-Service Clinical Labor Activities

Nurse conducts follow up phone calls to assess level of toxicity of chemo regimen, need for intervention, offer emotional support and also calls in prescriptions.

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Service Clinical Labor Activities

Obtain vital signs

Nurse obtains the following vital signs: blood pressure, temperature, and pulse.

Intra-service:

Perform procedure

Nurse sets the infusion rate on the pump (this is done even for the second hour). Patient is monitored during the additional hour of infusion. This includes: patient reactions and/or tolerance, assessment of the IV/VAD/PICC site, a blood pressure check, a pulse check, oxygen saturation, and respiratory rate and quality.

**AMA/Specialty Society Update Process
 Practice Expense Summary of Recommendation
 Non Facility Direct Inputs**

CPT Long Descriptor:

96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
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Global Period: XXX Meeting Date: January 2013

Please describe in detail the clinical activities of your staff:

Service Clinical Labor Activities

Obtain vital signs

Nurse obtains the following vital signs: blood pressure, temperature, and pulse.

Mix chemotherapy

Nurse or personnel approved by the practice/institution to prepare chemotherapy mixes chemotherapy. Verifies medication interactions and verifies order. Nurse calculates dose. Nurse confirms cumulative dose of chemotherapy agents associated with risk of cumulative toxicity. Orders are reviewed and verified by a second independent practitioner, per ASCO/ONS guidelines. Nurse assembles supplies for mixing drug and puts on personal protective equipment. Prepares label per ASCO/ONS guidelines. Documents lot numbers and expiration dates. The hood is cleaned. Nurse reconstitutes drug. per OSHA requirements.

Purge line

Nurse purges line.

Intra-service:

Perform procedure

A second RN/OCN verifies the accuracy of the order including the drug, dose, volume, rate, and route of administration. Nurse sets the infusion rate. Nurse remains with the patient to monitor them for the first six minutes of infusion for potential reactions and/or tolerance. Ongoing assessment of the patient occurs over the remaining hour of infusion with direct patient observation at appropriate intervals. The assessment includes patient reactions and/or tolerance, assessment of the IV/VAD/PICC site, a blood pressure check, a pulse check, oxygen saturation, and respiratory rate and quality.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2				96413		96413		96415		96415		96417		96417	
3	Meeting Date: January 2013 RUC Meeting Tab: 29 Revised 1/26/13 Specialty: American Society of Clinical Oncology, American College of Rheumatology, American Society of Hematology	CMS Code	Staff Type	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	each additional hour (List separately in addition to code for primary procedure	each additional hour (List separately in addition to code for primary procedure	each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)						
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		ZZZ		ZZZ		ZZZ		ZZZ	
6	TOTAL CLINICAL LABOR TIME			98.0	0.0	96.0	0.0	20.0	0.0	19.0	0.0	49.0	0.0	44.0	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L056A	RN/OCN	6.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L056A	RN/OCN	86.0	0.0	88.0	0.0	20.0	0.0	19.0	0.0	49.0	0.0	44.0	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L056A	RN/OCN	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	PRE-SERVICE														
11	Start: Following visit when decision for surgery or procedure made														
12	Complete pre-service diagnostic & referral forms	L056A	RN/OCN	3		2		0						0	
13	Coordinate pre-surgery services	L056A	RN/OCN	3		0		0						0	
14	End: When patient enters office/facility for surgery/procedure														
15	SERVICE PERIOD														
16	Start: When patient enters office/facility for surgery/procedure:														
17	Pre-Service services														
18	Review charts by chemo nurse regarding course of treatment & obtain chemotherapy-related medical hx	L056A	RN/OCN	4		4									
19	Greet patient and escort to chemo suite	L056A	RN/OCN	2		3									
20	Obtain vital signs	L056A	RN/OCN	3		3		3		3		3		3	
21	Provide pre-service education/obtain consent (initial education of 1hr amortized over average of 6 cycles)	L056A	RN/OCN	8		5									
22	Prepare room, equipment, supplies	L056A	RN/OCN	2		2									
23	Prepare and position patient	L056A	RN/OCN	2		2									
24	Mix Chemotherapy (lines 25-36)	L056A	RN/OCN												
25	Verify medication interaction	L056A	RN/OCN	2		2						1		2	
26	Verify orders	L056A	RN/OCN	1		1						1		1	
27	Calculate dose	L056A	RN/OCN	1		1						1		1	
28	Maximum and cumulative dose	L056A	RN/OCN	2		2						1		2	
29	calculate BSA	L056A	RN/OCN	1		0						1		0	
30	Second verification orders	L056A	RN/OCN	1		1						1		1	
31	Assemble supplies	L056A	RN/OCN	1		1						1		1	
32	Prep labels	L056A	RN/OCN	1		1						1		1	
33	Document lot # and expiration date	L056A	RN/OCN	1		1						1		1	
34	Clean hood	L056A	RN/OCN	1		1						1		1	
35	Reconstitute drug	L056A	RN/OCN	7		7						7		7	
36	Maintain MSDS	L056A	RN/OCN	1		0						1		0	
37	Prep pump	L056A	RN/OCN			5									
38	Purge line	L056A	RN/OCN											1	
39	Program pump	L056A	RN/OCN												
40	Drug cassette	L056A	RN/OCN												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2				96413		96413		96415		96415		96417		96417	
3	Meeting Date: January 2013 RUC Meeting Tab: 29 Revised 1/26/13 Specialty: American Society of Clinical Oncology, American College of Rheumatology, American Society of Hematology	CMS Code	Staff Type	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	each additional hour (List separately in addition to code for primary procedure	each additional hour (List separately in addition to code for primary procedure	each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)						
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		ZZZ		ZZZ		ZZZ		ZZZ	
41	Intra-service														
42	Perform procedure (lines 43-53)	L056A	RN/OCN												
43	Start IV	L056A	RN/OCN	5		5						2		0	
44	Verification by second RN/OCN	L056A	RN/OCN			1								1	
45	Sets rate	L056A	RN/OCN	1		1		3		1		1		1	
46	Monitor during service														
47	1st 8min. @ 1 min./min.	L056A	RN/OCN	8		0						8		0	
48	1st 6min. @ 1min./1min.	L056A	RN/OCN			6								6	
49	Subsequent @ 1 min./4 min.	L056A	RN/OCN	5		13				15		5		13	
50	Subsequent min. @ 1 min./5 min.	L056A	RN/OCN	6		0		12		0		6		0	
51	supplies							2		0					
52	Remove IV/hemostasis	L056A	RN/OCN	1		1									
53	Flush line	L056A	RN/OCN	1		1						1		1	
54	Post-Service														
55	Monitor pt. following service/check tubes, monitors, drains	L056A	RN/OCN	5		5						5		0	
56	Clean room/equipment by physician staff	L056A	RN/OCN	3		3									
57	Complete medical record documentation, diagnostic forms, lab & X-ray requisitions	L056A	RN/OCN	5		5									
58	Post procedure education/conditions for which patient should call office (side effects, complications) home care instructions/coordinate office visits/ prescriptions	L056A	RN/OCN	5		5									
59	End: Patient leaves office														
60	POST-SERVICE Period														
61	Start: Patient leaves office/facility														
62	Conduct phone calls/call in prescriptions	L056A	RN/OCN	6		6									
69	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
70	Other Clinical Activity - <i>specify</i> :														
71	End: with last office visit before end of global period														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1				REFERENCE CODE				REFERENCE CODE				REFERENCE CODE			
2				96413		96413		96415		96415		96417		96417	
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX		XXX		ZZZ		ZZZ		ZZZ		ZZZ	
72	MEDICAL SUPPLIES	CODE	UNIT												
73	gloves, non-sterile	SB022	pair	1		1						1		0	
74	gloves, non-sterile, nitrile	SB023	pair			3								3	
75	gown, staff, impervious	SB027	item	1		1									
76	cover, thermometer probe	SB004	item	1		1		1		0		1		0	
77	swab-pad, alcohol	SJ053	item	2		2						3		3	
78	povidone swabsticks (3 pack uou)	SJ043	item									1		0	
79	bandage, strip 0.75in x 3in	SG021	item	1		0									
80	needle, 19-25g, butterfly	SC030	item	1		0									
81	infusion pump cassette-reservoir	SC013	item	1		0									
82	iv infusion set	SC018	item	1		2						1		1	
83	syringe w-needle, OSHA compliant (SafetyGlide)	SC058	item	3		3						2		2	
84	syringe 10-12ml	SC051	item	1		1						2		2	
85	syringe 1ml	SC052	item	1		1									
86	syringe 20ml	SC053	item	1		1						2		2	
87	syringe 50-60ml	SC056	item	1		1									
88	water, sterile inj	SH075	ml	2		0									
89	sodium chloride 0.9% inj bacteriostatic (30ml uou)	SH068	item			1						1		1	
90	gauze, non-sterile 2in x 2in	SG050	item									2		2	
91	dressing, 4in x 4.75in (Tegaderm)	SG037	item			1									
92	steri-strip (6 strip uou)	SG074	item									1		0	
93	iv tubing (extension)	SC019	foot	1		1									
94	sodium chloride, 99.0% min.	SL126	gm	1		0						1		1	
95	needle, Huber point	SC039	item			1									
96	graham crackers, 1 packet	SK040	item	1		0		1		0				0	
97	juice, apple, 1 oz	SK042	oz	6		0		6		0				0	
98	cup, drinking	SK018	item	1		0		1		0				0	
99	sodium chloride 0.9% inj (250-1000ml uou)	SH067	item			1									
100	Chloraprep ® (swab, patient prep, 3 ml (chloraprep)	Invoice Provided				1									
101	heparin 1,000 units-ml inj	SH039	ml	1		1		1		0		1		0	
102	EQUIPMENT	CODE													
103	IV infusion pump	EQ032		87		87		60		60		49		60	
104	chair, medical recliner	EF009		87		87		60		60		49		60	
105	hood, biohazard	EP016		20		20						18		18	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request - NPRM for 2012

January 2013

Cholecystectomy

CPT Codes 47600 *Cholecystectomy* and 47605 *Cholecystectomy; with cholangiography* were identified as part of the CMS Request - NPRM for 2012 screen and surveyed in April 2012. In May, the RUC submitted a recommendation to CMS stating that the typical patient undergoing an open cholecystectomy procedure has been converted from a laparoscopic approach due to severity of disease, difficult adhesions from prior abdominal surgery and/or difficulties with defining ductal and other anatomy. The specialty societies indicated that more than 80% of Medicare patients undergoing open cholecystectomy are scheduled and started as laparoscopic and then converted to open. Per Medicare guidelines, only the definitive procedure can be reported, and in this instance, it would be the open procedures 47600 or 47605. The physician reports the open procedure and ICD-9 code V64.41 *Laparoscopic surgical procedure converted to open procedure*. The American College of Surgeons summarizes the rationale and approval process for the vignettes for 47600 and 47605 in the attached memorandum.

In the Final Rule for 2013, CMS expressed concern that the vignettes associated with these procedures imply that the work of the failed laparoscopic approach is included in the work of the cholecystectomy. CMS requested that the AMA RUC review the vignettes for these services.

The Research Subcommittee noted that these vignettes along with medical literature were thoroughly reviewed and discussed in November 2011. The Subcommittee continues to acknowledge that nearly all patients are scheduled for a laparoscopic approach and the majority of open procedures would appropriately include the work of the failed laparoscopic approach. It is rare that a cholecystectomy is scheduled as an open procedure. The ACS presented data that this occurs for less than 10% of all cases.

The Subcommittee agreed with the general surgeons that laparoscopic to open conversion is typical for open gallbladder removal cases, but not typical for any other open general surgery procedures. There is no anticipation that the RUC (or CMS) will be seeing other open general procedures with vignettes that are laparoscopic to open conversion. The RUC is aware of CMS' concern and will be diligent in monitoring vignettes. **The Research Subcommittee recommends that the approved vignettes, as submitted to CMS, accurately describe the typical patient for CPT codes 47600 and 47605**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
47605	Cholecystectomy;	090	Research Subcommittee Recommends Approved Vignettes
47605	with cholangiography	090	Research Subcommittee Recommends Approved Vignettes

Date: May 7, 2012

To: Barbara Levy
Chair, AMA/Relative Value Update Committee

From: Christopher Senkowski, MD, FACS, ACS RUC Advisor
Don Selzer, MD, FACS, SAGES RUC Advisor

Subject: Typical Patient Undergoing Open Cholecystectomy

At the request of CMS, the American College of Surgeons and the Society of American Gastrointestinal and Endoscopic Surgeons recently conducted an American Medical Association Relative Value Scale Update Committee (AMA RUC) survey for codes 47600 *Cholecystectomy* and 47605 *Cholecystectomy; with cholangiography*. During the presentation of physician work recommendations at the April RUC meeting, a question was raised regarding the typical patient vignettes on the surveys.

We would like to take this opportunity to provide the information presented to the AMA RUC Research Subcommittee regarding the typical patient, along with the supporting peer-reviewed literature. Because the Centers for Medicare and Medicaid Services (CMS) may not have been included on the Research Subcommittee conference call and follow-up e-mails where this information was discussed, we would also request that this information be forwarded to CMS with the AMA RUC recommendations.

The 2005 vignette for 47600 indicated the typical patient was a *scheduled* open procedure. Code 47605, which was last surveyed in 2000 as a mini-survey, did not have a vignette. Prior to conducting the current AMA RUC survey, the College convened an expert panel of general surgeons who perform both laparoscopic cholecystectomy (LC) and open cholecystectomy (OC) to discuss the vignettes for these two codes. The expert panel was in total agreement that, unlike other major abdominal procedures (e.g., colectomy), in current clinical practice, cholecystectomy is typically performed laparoscopically. In addition, a review of literature indicates that the *typical* patient in current practice who undergoes OC is an LC to OC conversion and not a scheduled OC.

There are many reasons to convert from LC to OC, including severity of disease, adhesions from prior abdominal surgery and/or difficulties with defining ductal anatomy. As the *rate* of OC compared with LC decreases (significantly), the *percentage* of patients undergoing conversion at operation has increased, such that the *typical* patient is now an LC to OC conversion. Based on this information, the Research Subcommittee discussed and then approved survey vignettes that describe LC to OC conversion as the typical patient for 47600 and 47605. This methodology of reviewing physician work related to the typical patient is consistent with every other vignette used for an AMA RUC survey and is consistent with valuing physician work.

As Table 1 shows, the total number of cholecystectomies has declined 12 percent since the year the previous vignette was written for 47600 (2004). This decrease is the result of medical management and non-surgical interventions for treating gall bladder disease.

Table 1 also shows that the percentage of OC compared with LC has declined significantly (20% to 11%). In the non-Medicare-aged population, OC is performed significantly less often than LC. A national study of over 80,000 patients undergoing cholecystectomy from 1999-2005 indicated the percentage of OC compared with LC was ten percent.¹

Table 1								
Medicare Data	2004	2005	2006	2007	2008	2009	2010	2011
Total LC+OC	220,537	218,517	212,898	204,341	199,686	200,169	197,251	194,390
47562	119,297	119,456	118,151	115,186	113,620	115,338	116,093	116,224
47563	63,776	64,477	63,758	61,696	60,593	60,908	59,873	58,849
LC	183,073	183,933	181,909	176,882	174,213	176,246	175,966	175,073
% total LC+OC	83%	84%	85%	87%	87%	88%	89%	90%
47600	29,510	27,293	24,568	21,891	20,444	19,233	17,084	15,541
47605	7,954	7,291	6,421	5,568	5,029	4,690	4,201	3,776
OC	37,464	34,584	30,989	27,459	25,473	23,923	21,285	19,317
% total LC+OC	17%	16%	15%	13%	13%	12%	11%	10%
OC as % of LC	20%	19%	17%	16%	15%	14%	12%	11%

Notes: LC refers to laparoscopic cholecystectomy. OC refers to open cholecystectomy.

A review of recent literature indicates that the national rate of LC to OC conversion varies annually between five and ten percent.^{2,3,4,5,6} Given the data that the national percentage of OC compared with LC is 11% or less, and the national rate of conversion is between five and ten percent, the typical patient undergoing OC is an LC to OC conversion.

Although the gold standard for surgical treatment of gallbladder disease is laparoscopic cholecystectomy, patients with suspected perforation, cancer, very large stones, end stage liver disease, bleeding disorders, and some with morbid obesity are not candidates for laparoscopic cholecystectomy. These patients, who are scheduled for an open procedure,

¹ Csikesz NG, et al. Surgeon volume metrics in laparoscopic cholecystectomy. Dig Dis Sci. 2010;55(8):2398.

² Wiseman JT, et al. Surgical Management of Acute Cholecystitis at a Tertiary Care Center in the Modern Era. Arch Surg. 2010;145(5):439-444.

³ Lipman JM, et al. Preoperative findings predict conversion from laparoscopic to open cholecystectomy. Surgery. 2007 Oct;142(4):556-63.

⁴ Kaafarani HM, et al. Trends, outcomes, and predictors of open and conversion to open cholecystectomy in Veterans Health Administration hospitals. Am J Surg. 2010 Jul;200(1):32-40.

⁵ Sakpal SV, et al. Laparoscopic cholecystectomy conversion rates two decades later. JSLS. 2010 Oct-Dec;14(4):476-483.

⁶ Fuks D, et al. Acute Cholecystitis: Preoperative CT Can Help the Surgeon Consider Conversion from Laparoscopic to Open Cholecystectomy. Radiology. 2012 Apr;263(1):128-38.

Dr. Barbara Levy

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are more complex and require the same physician work as the patients who are converted from LC to OC. However, these patients scheduled for elective open cholecystectomy are in the distinct minority and the most common patients are approached first laparoscopically, and then converted to open, based upon operative findings.

As we noted above, CMS may not have been included on the Research Subcommittee conference call and follow-up E-mails where this information was discussed. Therefore, we request that this information be forwarded to CMS with the RUC recommendations. If you have any questions, please contact Jenny Jackson at jjackson@facs.org or at (202) 672-1506.